

INTELL. LIBRARY



BOROUGH OF BRIGHOUSE.

HEALTH DEPARTMENT.

ANNUAL REPORT ON THE HEALTH OF THE BOROUGH

For the Year 1925.

F. A. BELAM, M.D., Ch.B., D.P.H.,
— *Medical Officer of Health.* —

BRIGHOUSE :
THE PREMIER PRINTING CO. (BRIGHOUSE), LTD.

1926.



BOROUGH OF BRIGHOUSE.

HEALTH DEPARTMENT.

**ANNUAL REPORT
ON THE HEALTH
OF THE BOROUGH**

For the Year 1925.

F. A. BELAM, M.D., Ch.B., D.P.H.,
— *Medical Officer of Health.* —

BRIGHOUSE :
THE PREMIER PRINTING CO. (BRIGHOUSE), LTD.

1926.

BOROUGH OF BRIGHOUSE.

Health Committee, 1925.

His Worship the Mayor :

Alderman G. F. SUGDEN, J.P.

Succeeded in November by Alderman A. M. DENHAM, J.P.

Chairman :

Councillor B. ASQUITH.

Vice-Chairman :

Councillor A. REEVE.

Alderman	HARDAKER,	Councillor	HELM,
Councillor	BARRACLOUGH,	„	LAWSON,
„	BROOK,	„	MILNES,
„	CROSS,	„	OGDEN,
„	CROWTHER,	„	NAYLOR.

CHILD WELFARE SUB-COMMITTEE.

His Worship the Mayor (Alderman G. F. SUGDEN, J.P.).

Succeeded in November by Alderman A. M. DENHAM, J.P.

Councillor	ASQUITH,	Councillor	OGDEN,
„	MILNES,	„	REEVE,
„	NAYLOR,	„	WADSWORTH.

Mrs. C. H. WALSHAW, Mrs. E. W. NAYLOR, Mrs. R. E. SUGDEN.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH
COMMITTEE.

GENTLEMEN,

I beg to present my Annual Report for 1925, being my third report upon the Health of the Borough.

The report for this year is a survey of the last five years since the previous survey report of 1920, consequently it is very much longer than the ordinary report of other years.

In form it complies strictly to that set out in the circular as to the contents and arrangement of the Annual Reports of Medical Officers of Health for 1925 sent by the Ministry of Health.

I have included several tables in this report which indicate the health of the Borough for years past. I have dealt as fully as possible with each aspect of Public Health Work, as the survey report is intended to be a comprehensive one, containing all information obtainable with reference to the district concerned.

I have the honour to be, Gentlemen,

Your obedient servant,

F. A. BELAM.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1925.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

AREA	..	..	..	..	..	..	2224 Aeres.
POPULATION	..	Census 1921—	20,277.		1925—	19,920.	

PHYSICAL FEATURES AND GENERAL CHARACTER OF THE AREA.

Geological formation : Sandstone-grit overlying coal measures. Situation : The town itself centres in a valley, that of the River Calder, and its boundaries extend up and over the surrounding hills. Thus Brighouse proper is 276 feet above sea level, while Rastriek is 410 feet, and Hove Edge 357 feet above sea level. In shape the town resembles a butterfly with wings extended, so that the centre of the town is its narrowest part.

The area is essentially an industrial one, but includes some twenty farms.

NUMBER OF INHABITED HOUSES (1921)	..	..	5475
NUMBER OF FAMILIES or separate occupiers (1921)	..	..	5377
RATEABLE VALUE	..	..	£119,926
Sum represented by a Penny Rate	..	..	£470.

SOCIAL CONDITIONS.

The chief occupations of the inhabitants, together with the numbers of men and women of these occupations, employed and unemployed during 1925, have been kindly furnished to me by the Employment Bureau, and are as follows :—

Industry.	EMPLOYED.			UNEMPLOYED.					
	Males	Fem.	Total	Males		Females		Total	
				TU	TS	TU	TS	TU	TS
Building	264	6	270	30	33	—	—	30	33
Works of Construction ..	15	—	15	7	3	—	—	7	3
Engineering	1093	75	1168	33	15	—	—	33	15
Iron Castings, &c. ..	29	—	29	2	—	—	—	2	—
Constructional Engineering (Girders, &c.) ..	103	7	110	5	—	—	—	5	—
Construction, &c., of—									
Motor Cars, &c. ..	48	5	53	3	1	—	—	3	1
Carriages, &c. ..	13	1	14	2	—	—	—	1	—
Sawmilling	36	—	36	1	1	—	—	1	1
Furniture, Upholstery ..	34	—	34	1	—	—	—	1	—
Other Woodworking ..	27	2	29	—	—	—	—	—	—
Chemicals, Oils, Paints									
Making	60	9	69	12	1	—	—	12	1
Wireworking	379	70	449	10	128	—	—	10	128
Saddlery and Leather									
Goods	29	5	34	—	—	—	—	—	—
Bricks, Pipes and Tiles ..	51	1	52	9	1	—	—	9	1
Hotels	—	11	11	—	—	—	—	—	—
Road Transport	82	1	83	7	1	—	—	7	1
Coal Mining	20	—	20	6	—	—	—	6	—
Stone, &c., Quarries ..	117	—	117	11	3	—	—	11	3
Cotton	292	577	869	9	35	26	45	35	80
Woollen and Worsted ..	592	708	1300	16	14	11	19	22	33
Silk	292	565	857	40	17	6	13	46	30
Carpets	576	427	1003	2	68	—	31	2	99
Dyeing and Finishing ..	688	87	776	12	359	1	28	13	387
Dress	10	42	52	2	1	4	7	6	8
Bread and Cake Making ..	17	18	35	2	2	1	23	3	25
Grain Milling	58	2	60	1	—	—	—	1	—
Toffee	68	216	282	—	11	—	68	—	79
Distributive Trades	399	197	596	17	4	2	3	19	7
Local and National Govt. ..	183	5	188	31	2	—	—	31	2
Gas, Water, and Elec. ..	81	2	83	6	1	—	—	6	1
Miscellaneous	162	117	279	16	—	6	10	22	10
Totals	5822	3154	8976	292	701	57	247	349	948

TU—Totally Unemployed. TS—Temporarily Suspended.

I think the table brings out several points which are extremely useful. It indicates the varied occupations carried on in Brighouse, and also the numbers employed in each show the relative extent and importance of the industry in question. Thus carpet making, engineering, and woollen and worsted work give employment to the great majority. Next in importance comes cotton and silk milling, and associated with these and woollens comes dyeing and finishing. Distributive trades come next, followed by wireworkers, toffee making, and building. The several stone quarries in the district only supply work to a limited number of skilled men, as of course a comparatively large quarry can be worked by relatively few men. This is the most injurious occupation so far as health is concerned, and supplies quite

a number of the cases of pulmonary tuberculosis, which of course commences as a form of silicosis. A few men wear masks, but most do not care for them, not realising their importance.

Except for accidents, I do not really think that any other occupation in itself can be blamed for causing disease more than the rest. Naturally, ill-ventilated, badly lighted, overheated, dirty workplaces will initiate disease at any time, and if this disease is infectious, the same conditions will help its spread. But these things are for the most part in the hands of the Factory Inspectors, and the Medical Officer of Health has no control except as regards provision of sanitary conveniences and fire escapes.

VITAL STATISTICS.

Registered Births—		Total.	Male.	Female.
Legitimate	284		147	137
Illegitimate	10	294	4	6
	Birth Rate	..	..	14.7
Deaths		314	146	168
	Death Rate	..	..	15.7

Number of women dying in or in consequence of childbirth :—

Sepsis, 1. Other, 2.

Deaths of Infants under 1 year per 1000 births :—

Legitimate, 77.4 ; Illegitimate, 200 ; Total, 81.6.

Deaths from Measles (all ages)	7	Rate per 1000 population	.35
,, Whooping Cough	1	,,	.05
,, Diarrhoea (under 2 yrs)	1	Rate per 1000 births	3.4

The population of Brighouse will be noted to have sustained a further reduction at the hands of the Registrar-General. This is again ascribed by him to emigration in the main, as well as to the increased death rate. The latter has risen very considerably, due partly of course to the smaller population upon which the figures must be based, but also to the fact that there were 31 more deaths in 1925 than in 1924. This is a very considerable increase, and reference to the table showing causes of deaths indicate to what diseases it should be ascribed. One hundred and eighty less people in Brighouse than in 1924 ! Surely this is too great a decrease to be accurate. It is fortunately not so great as that from 1923 to 1924, but still it is more than we should like. I sincerely hope the census figures when they next appear will show that Brighouse population is not so low as estimated, and I think they will do so. It must be admitted that 20 more deaths than births in 1925 does not tend to an increase in population, and the birth rate of 14.7 compares very unfavourably with that of 18.3 for England and Wales and the smaller towns. Even so, I cannot believe that emigration really accounts for the loss of so many citizens, especially as the Corporation housing scheme has progressed so favourably, and is being extended in 1926. In other words, housing inducements are held out to people to remain in Brighouse, and 349 cannot be considered a high figure of totally unemployed, and although 948 others were temporarily suspended during the past year, they had promise of definite employment within a short time.

Turning now to the vital statistics in more detail, the birth rate is seen to be practically identical with that of 1924. As this is a survey report, it seemed to me that the following table, showing the vital statistics of Brighouse since it became a Borough as compared with those of England and Wales, might be of interest. It will be noted that from 1894 to 1910 the population rose annually, but that since 1910 it has steadily fallen, though the lowest figure was reached in 1917. Since this there has been an increase to 1919, whence the numbers have fallen each year down to the present figure. It will be remarked that every census year shows a remarkable difference between the accurate figure then obtained and the approximate figures of intervening years. This being so, it is possible that 1931 may show that Brighouse population is higher than estimates make it.

BRIGHOUSE.

England & Wales.

Year.	Population.	Births	Birth Rate.	Deaths	Death Rate.	Infantile Mort'y	Birth Rate.	Death Rate.	Infan. Mort.
1894	21,043	571	27.13	312	14.6	113.83	29.6	16.6	137
1895	21,153	573	27.08	349	16.50	132	30.3	18.7	161
1896	21,238	547	26.83	360	17.0	141	29.7	17.1	148
1897	21,347	573	26.84	322	15.08	129	29.7	17.4	156
1898	21,466	549	25.37	418	17.6	198	29.4	17.6	160
1899	21,570	503	23.31	371	17.1	128	29.3	18.3	163
1900	21,690	513	23.63	399	18.39	151	28.9	18.3	154
1901	21,780	516	23.69	345	15.84	176	28.5	16.9	151
1902	21,960	492	22.40	305	13.88	125	28.6	16.3	133
1903	21,983	501	22.78	258	11.73	120	28.4	15.4	132
1904	22,076	477	21.67	305	13.81	106	27.9	16.2	145
1905	22,100	454	20.54	268	12.11	111	27.2	15.2	128
1906	22,196	460	20.72	312	14.5	141	27.0	15.4	132
1907	22,280	422	18.94	298	13.37	99	26.3	15.0	116
1908	22,365	452	20.21	320	14.3	104	26.5	14.7	120
1909	22,455	411	18.30	283	12.6	97	25.6	14.5	109
1910	22,520	403	17.89	264	11.72	89	24.8	13.4	105
1911	20,843	367	17.57	258	12.53	79	24.4	14.6	130
1912	20,900	359	17.77	294	14.06	81	23.8	13.3	195
1913	20,960	373	17.79	284	13.55	67	23.9	13.4	108
1914	21,020	381	18.12	290	13.8	76	23.8	14.0	105
1915	21,100	345	17.1	331	16.4	104	21.8	15.1	110
1916	19,748	345	16.06	316	16.05	61	21.6	14.0	91
1917	19,332	295	13.68	299	15.51	88.4	17.8	14.4	96
1918	19,364	304	14.01	373	19.26	118	17.7	17.6	97
1919	21,000	293	14.01	295	14.6	88.6	18.5	13.8	89
1920	20,871	423	20.27	271	12.98	73.16	25.4	12.4	80
1921	20,610	394	19.12	263	12.76	111	22.4	12.1	83
1922	20,670	331	16.01	265	12.82	96.6	20.6	12.9	77
1923	20,390	285	13.48	272	13.33	56.14	19.7	11.6	69
1924	20,100	295	14.66	283	14.08	44	18.8	12.2	75
1925	19,920	294	14.7	314	15.7	88.4	18.3	12.2	75

81.6

But the figures which show a steady decline since 1894 are those indicating the birth rate, though even those have of course shown some fluctuation. For instance, the present figure of 14.7 is much better than those of 1917-19, and distinctly preferable to the 13.48 of 1923. In fact, since that year it has shown a rise annually. Unfortunately, however, the same cannot be said of actual births, and though the 294 of 1925 is better than the 285 of 1923, and by 1 than 1919, yet every other year has given much higher figures.

As to the causes of these diminished births I entered in my last report, and as I feel confident the same causes are still operating, I have nothing further to add, except that as new houses are being erected rapidly, both by the Corporation and private enterprise, I hope that ere long the housing question will cease to play its detrimental part.

TABLE X. BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY, 1925.

	Birth Rate per 1,000 Total Population.	ANNUAL DEATH RATE PER 1,000 POPULATION.						Rate per 1,000 Births.	Percentage of Total Deaths.						
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Influenza.	Violence.	Diarr. and Enteritis under 2 years.	Total Deaths under 1 year.	Certif. Causes of Death.	Uncertified Causes of Death.	Inquest Cases.	
England & Wales . .	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75.	92.1	6.9	1.0
105 County Boro's and Great Towns, including London	18.8	12.2	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	79.	92.1	7.3	0.6
157 Smaller Towns, 20,000-50,000	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.6	74.	93.0	5.9	1.1
London	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67.	91.1	8.9	0.0
Brighouse	14.7	15.7	0.05	0.00	0.35	0.05	0.05	0.00	0.50	0.35	3.4	24.	88.3	11.7	0.0
													81.6		

1925.			Nett Deaths at the subjoined ages of Residents, whether occurring within or without the District.										
ALL AGES.			M.	F.	Total	Under 1	1-2	2-5	5-15	15-25	25-45	45-65	65 Up.
1. Enteric Fever	1	—	—	—	1	—	—	—	—	—	—	1	—
2. Smallpox	—	2	—	5	7	—	2	1	3	—	—	—	—
3. Measles	—	1	—	—	1	—	—	1	—	—	—	—	—
4. Scarlet Fever	—	1	—	—	1	—	—	1	—	—	—	—	—
5. Whooping Cough	—	1	—	—	1	—	—	1	—	—	—	—	—
6. Diphtheria	—	—	3	7	—	—	—	—	—	—	—	2	3
7. Influenza	—	—	—	—	10	—	17	2	—	7	6	2	2
8. Encephalitis Lethargica	—	—	—	—	7	10	6	1	3	1	1	—	—
9. Meningococcal Meningitis	—	—	—	—	5	13	22	35	—	—	—	—	—
10. Tuberculosis of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—
11. Other tuberculous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—
12. Cancer, malignant disease	—	—	—	—	—	—	—	—	—	—	—	22	10
13. Rheumatic Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Cerebral Haemorrhage, &c.	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Heart Disease	—	—	—	—	—	—	—	—	—	—	—	7	17
17. Arterio-sclerosis	—	—	—	—	—	—	—	—	—	—	—	2	22
18. Bronchitis	—	—	—	—	—	—	—	—	—	—	—	1	6
19. Pneumonia (all forms)	—	—	—	—	—	—	—	—	—	—	—	2	4
20. Other respiratory diseases	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Ulcer of stomach or duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Diarrhoea, etc. (under 2 years)	—	—	—	—	—	—	—	—	—	—	—	—	—
23. Appendicitis and Typhlitis	—	—	—	—	—	—	—	—	—	—	—	1	1
24. Cirrhosis of Liver	—	—	—	—	—	—	—	—	—	—	—	4	2
25. Acute and Chronic Nephritis	—	—	—	—	—	—	—	—	—	—	—	—	—
26. Puerperal sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—
27. Other accidents and diseases of pregnancy and parturition	—	—	—	—	—	—	—	—	—	—	—	—	—
28. Congenital debility and malformation, premature birth	—	—	—	—	—	—	—	—	—	—	—	—	—
29. Suicide	—	—	—	—	—	—	—	—	—	—	—	1	1
30. Other deaths from violence	—	—	—	—	—	—	—	—	—	—	—	4	1
31. Other defined diseases	—	—	—	—	—	—	—	—	—	—	—	14	17
32. Causes ill-defined or unknown	—	—	—	—	—	—	—	—	—	—	—	—	1
	146	168	314	24	4	11	8	12	38	86	131		

Turning to the deaths, it will be seen that the numbers have only varied within comparatively narrow limits, and the same remark applies to the death rates. Our rate this year is the highest since 1918 and the other war years. But I am afraid that it will also be observed that of the 31 years shown in the table, 20 had less deaths and lower death rates than the figures for 1925. I sincerely hope this is only temporary, and that 1926 figures will indicate that the increased deaths of 1925 were due to the long, hard winter of that year. Certainly the deaths of those over 65 rose from 118 in 1924 to 131 in 1925, which seems to show that some special condition of 1925 was detrimental to the health of the old.

The infants under 12 months also suffered, as the figures show, only 13 dying in 1924, while 24 died in 1925. But the table which follows, showing the actual month of age at which these babies died indicates that 11 died under 1 month, and of these all but 2 fall under the heading of congenital conditions, while 1 death was ascribed to bronchitis, and the other to duodenal haemorrhage in a child of three days old. This increase loss of infant lives in 1925 makes our infant mortality 81 in place of the excellent figure of 44 of 1924. I was apprehensive that the latter figure was too good to last, as hinted last year, but I certainly did not anticipate that it would be almost doubled the following year. This matter I will deal with again under the Maternity and Child Welfare work.

DEATHS OF INFANTS UNDER ONE YEAR PER MONTH OF AGE.

Month.	Number.	Cause of Death.
1	1	Bronchitis.
	9	Congenital Debility.
	1	Other Diseases.
2	1	Diarrhoea.
	1	Other Diseases.
3	1	Non-Pulmonary Tuberculosis.
6	1	Measles.
	1	Bronchitis.
9	1	Measles.
	1	Bronchitis.
11	1	Bronchitis.
	1	Other Respiratory Disease.
Total	20	

The increased deaths of 1925 are due to heart disease first, then cancer, cerebral haemorrhage, arterio sclerosis, nephritis, and other diseases, also 7 deaths from measles occurred, which, considering the magnitude of the epidemic, was not a great number. Tuberculosis, influenza, and lung diseases all took toll of reduced numbers in 1925, which, considering the weather, was very satisfactory. The curious fact of more female deaths than male is worth noting.

I am asked in the circular of the Ministry to supply particulars of Poor Law relief, but I regret that I am unable to do so, owing to inability to obtain any statistics upon this point from the Clerk to the Guardians, to whom I communicated the extract from the Ministry's circular relative to the inclusion of these particulars in the report of the Medical Officer of Health. I was informed that full statements had already been given to the Ministry.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Hospitals provided or subsidized by the Local Authority or by the County Council :—

(1) **TUBERCULOSIS.**—This is administered by the West Riding County Council.

(2) **MATERNITY.**—The Brighouse Town Council have entered into an agreement with the authorities of St. Luke's Hospital, Halifax, by which all maternity cases arising in the Borough who make application to me can obtain accommodation in the Maternity Home annex at Salterhebble. The charge is £2 12s. 6d. per week, for which the Council are responsible. A certain sum is claimed from the woman in accordance with a scale approved by the Ministry. The Corporation Ambulance can be used on payment by the woman at the same rate as laid down for payment of fees, the actual charge having been agreed upon between the Health and Watch Committees of the Council. This arrangement has worked quite well, and in all about a dozen women have availed themselves of it, and been well satisfied with the care and attention received. Two women who had lost babies at confinement previously have been presented with living children, and been delighted thereby. There is, of course, a certain prejudice about the authority being the Guardians, but the Home is an annex to the General Poor Law Infirmary, and not connected with it structurally, although of course administration and staff are the same. The place is well equipped and very satisfactory. The average stay is two weeks,

but of course those needing to remain longer do so, and the Council make special arrangements to deal with lack of means, so that this will not stand in the way of such hospital treatment being continued as long as may be required in each case. The arrangements for this Maternity accommodation were sanctioned by the Ministry at the end of 1924, so that we have now had over twelve months' experience of it.

(3) CHILDREN.—There is no hospital definitely assigned to the reception of Brighouse children, but those of Halifax, Huddersfield, and Bradford accommodate such children as are sent to them for treatment. The only Children's Hospital is that at Bradford, and the authorities there are most helpful in the readiness with which Brighouse children are received. The Honorary Surgeon, Mr. Basil Hughes, has at the present time (March, 1926) several severe cases of rickets in children under his care as in-patients. He has been most courteous and kind, and accepts and treats any Brighouse children who bear notes from me, no other recommendation being required. Artificial sunlight treatment is there given, as well as other forms, so that I do not think Brighouse children need now lack hospital treatment.

(4) FEVER.—There is an Isolation Hospital situated at Clifton maintained by the Brighouse Joint Hospital Board, whose members are the authorities of Brighouse, Hipperholme, Halifax Rural District, and Southowram. The Medical Superintendent is also Medical Officer of Health of the three first-named districts, so that perfect co-ordination is maintained, and no difficulty ever experienced in getting cases in. Forty beds are offered, and the diseases dealt with comprise scarlet fever, diphtheria, and enteric. The scarlet block consists of four wards, built of wood and corrugated iron. Considering these were erected some 30 years ago, they are in a remarkably good state of preservation, and will compare very favourably with the majority of temporary buildings of similar nature built for barracks or housing purposes during the war. An even temperature of 60 degrees F. is easily maintained, and no leakage of roofs or draughts through walls take place. In fact, so well have these buildings stood the test of time that except for the fact that they are not built of permanent material and that wearing out is of course apparent, it is very difficult to find fault with them. The diphtheria and enteric wards are solid stone buildings, as is the administrative block. Of course, eventually the scarlet blocks will have to be made permanent buildings.

PUERPERAL FEVER.—During 1925 the Corporation, at the suggestion of the Medical Officer, entered into an agreement with the

Halifax Guardians for the reception of cases of this disease in hospital at St. Luke's, Salterhebble, at a fee payable for each case as and when received. This arrangement was completed in May, 1925, but so far no applications for the reception of any such cases have been received, as none were notified during 1925. It is well worth while having such accommodation available, even though but few cases may ever require it, because in puerperal fever expert treatment in hospital is often absolutely essential if recovery is to take place. It is of no use waiting until urgent hospital treatment becomes imperative before making arrangements for it. There is no retaining fee, so that the Corporation is in no way out of pocket.

(5) **SMALLPOX.**—The Brighouse Joint Hospital Board entered into an agreement with Halifax Corporation 20 years ago by which any cases of this disease arising in the area served by the Board would be admitted to the Halifax Corporation Smallpox Hospital on the recommendation of the Board's Medical Officer. Until October, 1925, this arrangement was not utilised, but on October 26th last two cases of smallpox were discovered in Brighouse. Six hours after the first tentative notification to the M.O.H., Halifax, the patients were in bed in the Smallpox Hospital. It was 18 years since the last case was treated in this hospital, so that I think that very great credit is due to the M.O.H., Halifax, for the excellence of his administration.

(6) There are other hospitals in Bradford and Leeds specially for affections of the eyes, ears, and throats, also skin diseases. Most school children requiring such special hospital treatment are advised to go to Bradford, and adults also can be treated at the same institutions.

There is no special provision for unmarried mothers, illegitimate infants, and homeless children. The well-equipped, large Poor Law Infirmary at Halifax can accommodate all such cases.

Brighouse possesses an Orphanage called the Boothroyd, which offers accommodation to 75 boys and girls. The children are well clad and cared for, and the numbers have been recently increased by new buildings being erected.

AMBULANCE FACILITIES.

(a) For infectious cases the horse-drawn Ambulance of the Brighouse Joint Hospital Board is employed. The vehicle and bedding van are kept at the hospital, and horses are supplied on contract by a local cab proprietor. The Board are seriously considering the adop-

tion of motor transport, and a sub-committee has been appointed to get in priees, etc. So that before very long we shall have a motor fever ambulance.

(B) For non-infeetious and aecident cases a motor ambulance is provided by the Corporation for the use of ratepayers. In March, 1926, a wealthy resident gave the Corporation a beautifully equipped new motor ambulance, the most expensive money could buy, so that the Brighouse sick can now travel to hospital in very eonsiderable eomfort.

CLINICS AND TREATMENT CENTRES.

MUNICIPAL MATERNITY AND CHILD WELFARE CENTRE.—This is situated behind the Meehanies Institute in Huddersfield Road. It eonsists of two large rooms, which were redecorated in 1924, and a new gas heating stove has also been installed. A pram shelter is also provided in the yard. The Clinie is held once weekly, on Wednesday afternoon, the Medieal Offieer being in attendanee, and a course of leetures is annually delivered by him. Further details of the work done will be found later under the speeial heading.

There is no Day Nursery.

THE SCHOOL CLINIC of the Education Authority is situated in the Brighouse Education Office, Manor House, Halifax Road. Two ground floor rooms are set apart for the purpose, one as a waiting room and the other as a treatment room. In the latter room is a refraetion testing chamber, also dental ehair, etc. Minor ailments, refractions, and dental treatment are carried out, and have been dealt with in detail in the report of the School Medieal Offieer.

THE TUBERCULOSIS DISPENSARY is under the West Riding County Counciil, and is situated in the Mechanics Institute, Huddersfield Road. The District Tuberculosis Offieer attends weekly on Thursday mornings. I believe the County are seeking new and more suitable premises.

There is no local treatment eentre for venereal diseases. Patients attend the neighbouring hospitals for treatment.

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

F. A. BELAM, M.D., Ch.B., D.P.H., Medical Officer of Health and School Medical Officer, Borough of Brighouse.

Medical Officer of Health, Hipperholme Urban and Halifax Rural Districts.

Medical Superintendent, Brighouse Joint Hospital Board.

C. R. MOSS, Assoc. Mem. Inst. San. Engineers, Certs. Royal Sanitary Institute as Sanitary Inspector and Meat and Food Inspector, Testamur Inst. of Cleansing Supts.

Sanitary Inspector and Cleansing Superintendent.

R. C. BIRCH, Acting Assistant Sanitary Inspector.

Miss M. GRICE, A.R.S.I., Health Visitor's Cert. R.S.I., Certs. General Nursing and C.M.B., Health Visitor.

PROFESSIONAL NURSING IN THE HOME.

(a) **GENERAL.**—There is one District Nurse, who calls daily at the Council Offices, where are left requests for her services. She is available for visiting nursing of all non-infectious cases. Her salary is paid out of a War Memorial Fund.

(b) **INFECTIOUS DISEASES.**—No nursing provision is made. During the severe epidemics of measles and whooping cough during the year it would have been distinctly advantageous to the parents if they had been able to obtain the services of a nurse to assist them with their sick children. Some at any rate of the cases of pneumonia might have been thus avoided.

MIDWIVES.—None are employed or subsidised by the Corporation. There are two in the Borough working privately. One of these conducts a small maternity home in her own house, which is, I believe, well patronised. There is, of course, no legal authority for any inspection or supervision of this home.

CHEMICAL WORK.—This is done by the County Analyst at Bradford, and the fees are paid by the Corporation. The samples thus dealt with are given in detail in the report of the Sanitary Inspector.

ADOPTIVE ACTS, BYELAWS, ETC.

LOCAL ACTS.

The following Local Acts, General Adoptive Acts and Byelaws are in force in the district :—

The Brighouse Corporation Act, 1895.

" " " 1907.

ADOPTED ACTS.

1. Public Health Acts Amendment Act, 1890, Parts II, III, IV, and V—28th August, 1895.
2. Baths and Washhouses Acts, 1846 to 1899—28th June, 1911.
3. Notification of Births Act, 1907—25th October, 1911.
4. Infectious Disease Prevention Act, 1890—August, 1921.

BYELAWS.

Common Lodging Houses—21st August, 1889.

Nuisances—21st August, 1889.

Slaughterhouses—21st August, 1889.

Public Slaughterhouses—21st August, 1889.

Dairies, Cowsheds and Milkshops—24th May, 1899.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

Water is supplied to Brighouse from two sources. The main and chief source is Halifax Waterworks. The Corporation of Brighouse have an agreement with that of Halifax by which the latter supply the former with water at a certain fixed charge. The second source is the Lands Reservoir, which consists of a gathering ground and small reservoir. Every house in the Borough, with the exception of not more than half a dozen in out-of-the-way places, are on town's water supply. For the most part the town's water is supplied from Halifax Waterworks, and it is only a very small percentage which is obtained from the Lands Reservoir. Since October, 1923, regular six-monthly bacteriological and chemical analyses of water from both these sources have been carried out, and the results are given below in tabular form.

CHEMICAL ANALYSIS OF BRIGHOUSE WATER SUPPLY.

DATE.	SOURCE.	REMARKS.							
		Total solid matter.	Chlorine.	Nitrites.	Nitrogen as Nitrates.	Free Ammonia.	Albuminoid Ammonia.	Lead.	Total hardness.
Oct. 29th, 1923	Tap ..	12.00	0.80	—	—	0.0035	0.0049	—	8.00
April 18th, 1924	Tap ..	7.00	0.50	—	—	0.0014	0.0028	—	3.20
Oct. 15th, 1924	Tap ..	11.00	0.50	—	—	0.0014	0.0042	—	4.60
April 15th, 1925	Lands ..	20.00	1.00	—	0.3885	0.0007	0.0014	—	8.00
April 15th, 1925	Halifax ..	5.00	0.50	—	—	0.0007	0.0014	—	2.30

Chemically the water is seen to be very pure and a satisfactory supply except for the high degree of plumbo solveney. Being obtained from peat for the most part, the water should be pure. Certain tests for the exact degree of plumbo solveney have been carried out from time to time with the results shewn.

From these it is seen that where there are unprotected lead pipes and eisterns there is a definite danger of lead poisoning. But this is recognised, and steps are taken to counteract it by regulations enforcing tin washing of all pipes.

PLUMBO-SOLVENCY OF WATER SUPPLY.

Date.	Source.	Amount of Lead present.
3rd June, 1924 ..	Tap	Nil,
3rd June, 1924 ..	„	Nil.
11th Nov., 1924	„	1/40 grain per gallon.
11th Nov., 1924	„	Nil.
20th Feb., 1925	„	1/100 grain per gallon.
20th Feb., 1925	„	Nil.
20th Feb., 1925	„	Nil.
20th Feb., 1925	„	Nil.

The results of bacteriological analysis, on the other hand, are not so satisfactory. It will be observed that almost invariably B.Coli is found in 10 e.e. of our drinking water, and at times even in 1 e.e. The count of organisms developing on the gelatine and agar plates is also high at times. In fact, the last analysis actually reported the sample of water taken from a tap in the Public Offices as being contaminated. This is, of course, almost entirely the province of the Halifax Corporation. I understand that they are much troubled with seagulls around the reservoirs, and to the excreta from these birds is ascribed the sewage contamination of the water in the shape of B.Coli. Be this as it may, it is not a nice feeling for a Medical Officer of Health to have bacteriological analysis of the drinking water from time to time revealing B.Coli in 10 e.e., 5 e.e., and at times 1 c.c. Especially when one recollects that Thresh states it as quite possible to provide a water in which B.Coli is absent in 100 e.e. In Chester, where the city's water supply, being filtered from the river and therefore subject to considerable danger of pollution, is analysed bacteriologically fortnightly, if B.Coli is found in any sample from a filter in 10 e.e. that filter has

BACTERIOLOGICAL ANALYSIS OF BRIGHOUSE WATER SUPPLY.

Date of Collection.	Source.	No. of organisms on agar plates at 37 C. after 3 days.	No. of organisms on gelatine plate at room temperature after 3 days.	B. Coli present in c.c.			B. Enteritidis Sporogenes present.	Streptococci.	Remarks.
				10	5	1			
2nd Aug., 1922	Lands Spring	Less than 100 per c.c.	2,547 per c.c.	X	X	—	Not in 5 or 10 c.c.	—	No evidence of pollution
2nd Aug., 1922	Pocket Stile	Less than 100 per c.c.	263 per c.c.	X	—	—	Not in 5 or 10 c.c.	—	No evidence of pollution
10th Oct., 1923	Lands	3 per c.c.	30 per c.c.	X	X	—	Not in 5 or 10 c.c.	—	No evidence of pollution
10th Oct., 1923	Crowtrees Distributing Tank	2 per c.c.	78 per c.c.	X	—	—	Not in 5 or 10 c.c.	—	No pollution
10th Oct., 1923	Hove Edge	5 per c.c.	80 per c.c.	—	—	—	Not in 5 or 10 c.c.	—	No pollution
23rd April, 1924	Pocket Stile	29 per c.c.	55 per c.c.	X	—	—	Not in 5 or 10 c.c.	—	No pollution
6th May, 1924	Municipal Offices	16 per c.c.	66 per c.c.	—	—	—	Not in 5 or 10 c.c.	—	No pollution
15th Oct., 1924	Lands	32 per c.c.	364 per c.c.	X	—	—	Not in 5 or 10 c.c.	—	There is a suspicion of water polluted
15th Oct., 1924	Pocket Stile	40 per c.c.	200 per c.c.	X	X	—	Not in 5 or 10 c.c.	—	No pollution
7th April, 1925	Pumping Station	10 per c.c.	30 per c.c.	—	—	—	Not in 5 or 10 c.c.	—	No pollution
7th April, 1925	Lands Pipe Water	3 per c.c.	5 per c.c.	—	—	—	Not in 5 or 10 c.c.	—	No pollution
7th April, 1925	Lands. Small pipe wooden hut	30 per c.c.	560 per c.c.	X	—	—	Not in 5 or 10 c.c.	—	Suspicion that water is polluted. High amt of Bactrial content
7th April, 1925	Manhole Pipe—New Hey Road	7 per c.c.	13 per c.c.	X	—	—	Not in 5 or 10 c.c.	—	No pollution
7th April, 1925	Main Reservoir, Lands Pipe	28 per c.c.	135 per c.c.	X	X	—	Not in 5 or 10 c.c.	—	Suspicion that water is polluted
10th Mar., 1925	Lands	30 per c.c.	3536 per c.c.	X	—	—	Not in 5 or 10 c.c.	In 5 and 10	This water contains too high Bactrial content and although B. Coli is not present below 10 c.c. In 5 c.c. Streptococci are present. This water is being polluted
10th March, 1925	Lands	7 per c.c.	73 per c.c.	X	X	—	Not in 5 or 10 c.c.	—	No pollution
15th May, 1925	Municipal Offices	8 per c.c.	500 per c.c.	—	—	—	Not in 5 or 10 c.c.	—	No pollution
24th July, 1925	Lands—Main Outlet	416 per c.c.	992 per c.c.	X	X	X	Not in 5 or 10 c.c.	—	Suspicion of pollution
24th July, 1925	Water from Cote Lane	120 per c.c.	912 per c.c.	X	X	—	Not in 5 or 10 c.c.	—	Suspicion of pollution
12th Oct., 1925	Pocket Stile	79 per c.c.	360 per c.c.	X	X	X	Not in 5 or 10 c.c.	—	Suspicion of pollution
12th Oct., 1925	Municipal Offices	34 per c.c.	55 per c.c.	X	X	X	Not in 5 or 10 c.c.	—	Suspicion of pollution
12th Oct., 1925	Cote Lane Pipe	46 per c.c.	766 per c.c.	X	X	X	Not in 5 or 10 c.c.	—	Suspicion of pollution

to be cleaned out. Yet in Yorkshire every analysis reveals B.Coli in 10 e.c., and the water is reported satisfactory.

It must be borne in mind that our drinking water is just as collected from the Halifax gathering grounds situated on the moors. It is not filtered or treated in any way, and being straight from the peat should be safe, provided that it has not become contaminated since. One disturbing feature is that frequent complaints have been received from different parts of the Borough about the state of the water after any repairs have been done to the pipes. Samples have been brought to the office, and I have noted the same thing in my private house. The water is thick, muddy, and reddish brown to almost black in colour. It has to be allowed to run for a considerable time before it becomes anything approaching clear. Now, how does this material get in, and whence does it come? The reply always is that it is the peat and quite harmless. I hope it is, but no one will drink it. Analyses have been carried out and reports obtained to the effect that the substance is an iron compound, from the pipes presumably. But this is not always the case. To sum up, I think that steps should be taken to render the Halifax water better and safer. For B.Coli indicates sewage pollution, and sewage may contain more noxious organisms at any time, such as those of the enteric group. From time to time isolated cases of enteric have arisen in this area which one has ascribed to food contamination, but still there has been no epidemic of the disease, and its incidence is very low, so that one cannot blame the water supply. It is only that I feel I ought to sound a note of warning.

With reference to the Lands Reservoir. This is a small reservoir situated at Fixby, and it collects water from the hillside. Its supply is small and very variable, the reservoir also having a pipe from the Halifax main leading into it. I have several times cast doubts upon the purity of this land water on account of cattle grazing upon the gathering ground and a large farm being situated at the top of the hill above. Samples have often shown contamination. But cattle have now been barred from the gathering ground, and I am informed that the farm drainage does not get to the subsoil water tapped by the Lands springs, but flows along in another strata running away at an angle to a lane at the side. With this I have to be satisfied.

But to my mind the water supply is not satisfactory as bacteriological analyses show, and the water should either be filtered or chemically purified before delivery to consumers. Moreover, careful inspections should be made of main supply pipes to ensure that they are all sound and watertight.

RIVERS AND STREAMS.

As this is an industrial town, and so also is the area around it is not surprising to have to record that both the River Calder which flows through the town, the Calder and Hebble Canal, and streams in the neighbourhood are very frequently if not always polluted. One has only to glance at the colour of the water to see this. That of the river and canal varies from black, through purple and blue, to green and brown. Certain streams are frequently vivid yellow, so much so as at once to point to picric acid or an ally thereof as the offender. There is a large chemical works and several large dyeworks in this area. Their effluent must escape somewhere, so that the sources of these rainbow-hued waters are not far to seek.

From time to time action is taken under the Rivers Pollution Prevention Act by the Inspector, and the water becomes fairly normal in colour. It remains so for a few weeks only.

It is not wonderful that not many bathers are seen in the river in summer time. It is not an exercise that one would recommend, especially as excellent Corporation Baths are provided.

DRAINAGE AND SEWERAGE.

As will be noted from the report of the Sanitary Inspector, rapid strides have been made during the past five years, and are still being continued towards the complete elimination of all conveniences which are not on the water carriage system. The whole area is sewered, with the exception of some scattered parts, and an excellent sewage disposal works is situated at Cooper Bridge, where the activated sludge principle is in operation. These works have only recently been completed at considerable cost, and embody the latest ideas on the subject. They are capable of dealing with the sewage from a large area of which Brighouse forms part. Other districts making use of the works of course pay proportionately for so doing.

CLOSET ACCOMMODATION.

The position of Brighouse as regards conveniences has very markedly altered for the better during the five years under review. Practically 2000 water closets have replaced other less sanitary conveniences in the shape of privies and pails. The Corporation are to be sincerely congratulated upon this achievement. It has cost money, but it is money well spent. From the inception of the conversion scheme in 1923 very rapid progress indeed has been made. Within the next 18 months it is hoped that water closets will have entirely

replaced any other form of convenience. As 50% of the cost of all domestic conversions is borne by the Corporation, this is no mean achievement. It shows a good public health feeling and conscience has been formed, and that the Council are out to make Brighouse as healthy as can be. It is well known how privies breed filth and flies, and the obnoxious carts of pails to be emptied have offended many with their unavoidable odour. Soon these will be but a memory, and no sanitary depot will be required for the accommodation of their contents. In fact, even now all remaining pails are going direct to farms for fertilisation purposes. This is a policy which is being adopted until the completion of the whole conversion scheme. For that reason outlying parts of the district adjoining farms have been left to the last.

The table in the Sanitary Inspector's Report shows the rate at which conversions have proceeded, and how, far from slackening the rate of progress has increased markedly during 1925. This rate is being continued, and will soon result in completion of the scheme, though it must be borne in mind that greater difficulties are likely to be met with in converting the last conveniences owing to distance from sewer and other engineering difficulties associated with their positions.

SANITARY ACCOMMODATION.

The following table shows the sanitary accommodation at the end of the years 1920 and 1925 :—

Type of Sanitary Accommodation.	1920	1925
Fresh Water Closets	2096	3918
Waste Water Closets	154	153
Pail Closets	2501	1224
Privies	255	58

The conversions are carried out under Section 25 of the Brighouse Corporation Act, and the Council pay half costs of the conversion of privies and pail closets attached to dwelling-houses. Excellent progress has been made since the adoption of the conversion scheme in February, 1923, and there is every prospect of the scheme being completed much earlier than originally proposed.

Further reference to the conversion scheme will be found in the report of the Sanitary Inspector.

SCAVENGING.

Associated with the conversion scheme is that of refuse disposal. The reason is that the ashpit and dustbin refuse was used to mix with the nightsoil from the pails at the Sanitary Depot to make into a compound which was inoffensive and could be sold as manure. All refuse has up to the present been taken to tips situated in old, or unused parts of working, quarries, etc. This is a most insanitary and offensive method of refuse disposal owing to its unsightliness, the nuisance of paper blowing about, the smells arising therefrom, and the fly and rat breeding grounds there established. Also much material of a market value is lost by this means of disposal.

So that during 1925 the Corporation decided to erect a salvage plant for refuse disposal. The necessary Ministry of Health enquiries were held as to site cost and method, sanction obtained, and the work of erecting the plant and buildings is now rapidly progressing. All tips will be abolished, and all refuse will be dealt with at the new disposal works. The site is a central one, to avoid cartage costs from all parts of the district. The plant is the very latest in design, and is being erected by engineers specially qualified in this class of work. It is hoped to obtain considerable pecuniary advantage from the salvage of material of all sorts which the machinery allows to be selected from the refuse. There will be no nuisance of any kind, and a gain in revenue is hoped for.

Hand in hand with the conversion scheme has gone the conversion of ashpits to dustbins. The table shows the rate of progress. This again is another great sanitary advance. Collection is made easier, and people are urged to burn all vegetable and animal refuse, instead of allowing it to decay in a filthy, foul smelling ashpit, where flies delight to breed. These changes should markedly improve the health and amenities of the town.

In addition, motor transport is to be adopted in the very near future for the refuse collection. In fact, the vehicle or vehicles will probably have been purchased before this report is presented. This again means improved sanitation, quicker collection and disposal, and the adoption of good modern methods.

This branch of Public Health work is carried out by the Sanitary Inspector, who also holds the position of Cleansing Superintendent, and reference will be found to the same in his report.

SMOKE ABATEMENT.

Smoke nuisances have received considerable attention at the hands of the Health Department. Frequent observations are made by the Sanitary Inspector, and firms who show bad results are communicated with. Improvement has definitely been obtained in most instances. Unfortunately there are certain firms notably engaged in wire annealing who are immune from the law in this respect under the exemption clause in the smoke nuisance definition in the 1875 Act. These are the chief offenders, and so far no remedy has been discovered. Apparently a new law or an order in Council is required before they can be dealt with. On the whole, however, Brighouse is fairly clean atmospherically, though very much still remains to be done. Education of employers to realise that black smoke means wasted money because it indicates improperly consumed coal is required. Efficient stoking with good furnaces can do much to eliminate smoke nuisance from factories. For the domestic fire, the gas and electricity departments are doing their best. If either succeeds in winning its way, the domestic fire smoke nuisance is eliminated forthwith.

SANITARY INSPECTION OF DISTRICT.

The particulars relating to the sanitary inspection will be found in the report of the Sanitary Inspector.

OTHER SANITARY CONDITIONS REQUIRING NOTICE.

SCHOOLS.—The sanitary condition of schools is fully dealt with in the report of the School Medical Officer, who is also Medical Officer of Health. All but one are now on the water carriage system of conveniences.

Infectious diseases in the schools are also dealt with in detail in the School Medical Report.

HOUSING.

There is no question that there is a very considerable shortage of houses in this area, and also very numerous cases of overcrowding. Unfortunately figures are not available for 1925, but those culled from the Census Return of 1921 are here given.

HOUSING CONDITIONS.

No. of houses required to relieve overerowding as per Census						
1921—4-roomed houses						1423
No. of houses built sinee Census						135
Census Population						20,279
Population, 1925						19,920
Decrease in Population						359
No. of houses these leave vacant—average, 4 persons to one house						
						90
Therefore—No. of houses still required						1198

EXTRACT FROM CENSUS RETURNS, 1921.

TABLE I.

No. of Rooms in House	No. of Families	No. of Persons	% of Private Families in each type	Overcrowded Families.			
				No. of Families	No. of Persons in each	Standard number allowed	Proportion of Families Overcrowded
1	123	220	2.3%	20	3	2	
				4	4		
				2	5		
2	1405	4571	26.1%	134	5	4	21%
				70	6		
				50	7		
				14	8		
				11	9		
				1	10		
				1	11		
3	1852	7077	33.4	82	7	6	20%
				36	8		
				28	9		
				7	10		
				2	11		
				1	13		
				1	14		
4	956	3931	17.8%	10	9	8	8.4%
				7	10		
				3	11		
				1	12		
5	666	2736	12.4%	1	11	10	2.0%
				1	12		
				1	14		

When one considers the multiplicity of the duties of the solitary Sanitary Inspector, it is not remarkable that he cannot possibly carry out more than a very limited number of house-to-house inspections annually. It is unnecessary to detail his duties—these can be seen in his report. In any case it is difficult to see what can be done if over-crowding is found. Legally, of course, notice can be served to abate. But abatement in one house means over-crowding in another, so that it simply comes to the only logical conclusion of "let slide." That

sounds a terrible thing to say when the appalling nature of over-crowding in certain houses is brought to light from time to time. Of course the occupants are advised to try and remedy the condition for their own sakes, and they are only too willing to do so if they can. But on every hand the reply is that no alternative accommodation can be obtained. The Corporation are building houses whose numbers are given, and are arranging at the present time to put up 50 more. But unfortunately the rent question comes in. These houses must be let at an economic rent, and that is a rent which is above the means of so many of the poorer sections of the population. Of course the hope is that those who can afford to pay it will vacate their present cheaper houses for the poorer people to take, and move to the Housing Estate. But to make these cheaper houses reasonably fit for habitation requires money, and if he has to put down this money, how can the landlord afford to let the houses as cheaply afterwards? In some cases, of course, the rents are not raised after alterations when the owner is well-to-do. But in so many instances comparatively poor people own houses, and these cannot afford to carry out such expensive alterations as conversion of offices to water carriage, putting in sinks and ashbins, etc., without raising the rent. It is very difficult to see a way out. Tenements, advocated by some, are repugnant to most as leaving the children out of the question, and surely their health is of paramount importance. One hesitates to recommend anything which will increase rates already high, and the only suggestion which occurs to one involves further Government subsidy to enable houses to be let at non-economic rents. Or conversely and best of all methods is the American one of higher wages for better work and higher output. Thus would the working man have the money to pay an economic rent, and national prosperity would also be increased.

HOUSING STATISTICS.

Number of new houses erected during the year :—

(a) Total (including numbers given separately under (b))	28
(b) With State assistance under the Housing Acts :	
(i) By the Local Authority None.	
(ii) By other bodies or persons 19	

1. UNFIT DWELLING-HOUSES.

Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	223
(2) Number of dwelling-houses which were in-	

spected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	161
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	None.
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	132

2. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICE.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	8
---	---

3. ACTIONS UNDER STATUTORY POWERS.

A.—Proceedings under section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ..	None.
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	None.
(b) By Local Authority in default of owners ..	None.
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ..	None.

B.—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	124
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	73
(b) By Local Authority in default of owners ..	None.

C.—Proceedings under sections 11, 14, and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders	0
(2) Number of dwelling-houses in respect of which Closing Orders were made	0

(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	0
(4) Number of dwelling-houses in respect of which Demolition Orders were made	0
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	0

INSPECTION AND SUPERVISION OF FOOD.

(A) MILK SUPPLY.

During 1925 the new Tuberculosis Regulations came into force, and compliance with these by the Authority has resulted in far greater attention being directed to the purity of the milk supply, its cleanliness, and the state of the cattle and cowsheds.

The cattle are now subjected to veterinary inspection at quarterly intervals, and even in the short time that these regulations have been working four tubercular cattle have been discovered and eliminated.

But during my time here I have devoted a considerable amount of attention to milk supply, and have visited all the farms several times. Before my mind are two main objects. (1) To ensure that the cattle are housed in mistals adequately lighted, ventilated, and drained, and of a size sufficient to provide a reasonable air space per cow. All this in order to endeavour to raise the resistance of the cattle to tuberculosis by being in a healthy shed.

(2) To ensure that cattle, sheds and cans are kept clean, so as to prevent the milk being contaminated with dung.

To further this second aim, the Health Committee sanctioned the purchase and distribution of leaflets, one to farmers giving them simple directions how to produce clean milk, and one to householders telling them how to keep milk clean in the home. This was in 1924.

An offer was also made to the farmers to have an expert here to demonstrate clean milk methods at a farm, but this offer was refused.

There are many difficulties in the way of the provision of a pure milk supply. Not the least is the fact that so many farmers do not own their farms. The owners will not alter mistals, or if they do they

raise the rent, but many will do nothing, and as the law stands the Authority can only deal with the farmer. Then again there are farmers who remain completely obstinate, and will fall in with no suggestion whatever. But I am glad to say that we have accomplished a good deal, and farms and cattle are much better kept than they were even a short time ago. There are certain farms, and they are the majority, where alterations of one kind or another are required to provide either extra light or ventilation or have satisfactory drainage. Dairies also are few. Most milk is kept in back kitchens or wash houses. Out of 20 farms only five have proper dairies.

To summarise defects : from a total of 20 farms and 44 cowsheds, 13 farms and 27 cowsheds offered under 600 cubic feet air space per cow ; 14 farms and 26 cowsheds had under 3 square feet of lighting area per cow ; 6 farms and 14 cowsheds had under 40 square inches of permanent ventilation per cow ; and 5 farms and 11 cowsheds had defective drainage arrangements. Only 6 farms were satisfactory in all respects.

The problem is a serious one. Nobody wants to lessen the milk supply, and often one is met with the assertion that the farmer prefers to give up keeping milch cattle rather than spend the money he is asked to do. Even the cleansing of udders and flanks is said to cost more money and to be not worth while for the money paid for the milk. This I cannot for one moment accept, for I am confident that cattle can be kept clean without additional expense if due care is taken. At the present time I am well aware that practically no farmer is doing the thorough grooming of the cattle which is really required before each milking. Too much reliance is placed upon the strainer, and too little upon personal and animal cleanliness.

If the consumption of milk is only one quarter pint per head per day, how can one advocate increased milk drinking when one cannot at the same time guarantee the purity of the article. There is no doubt at all that fresh, pure cow's milk is excellent food for children, but it must be pure, free from tubercle, and clean, and that is exactly what so much of it is not.

But all over the country people are preaching clean milk, and some are even practising it. Here we have no graded milk supply nearer than Wetherby. But I think very gradually the farmers are getting educated to the benefits which will accrue, not only to the public but to themselves also, by the production of pure milk, which

is safe to drink and will keep. That is one of the main causes of the small milk consumption: the bad keeping quality of the present supply, due of course to contamination. It is not economic to buy too much of milk which goes sour so quickly.

Further details as to milk production are provided in the reports of the Veterinary Surgeon and Sanitary Inspector. All three officials co-operate in chats to the farmers, and endeavour to persuade them to provide good, clean milk, and although farmers are very difficult people to deal with, as before mentioned I think that real progress has been made.

(B) MEAT.

Full details of meat inspections, etc., are furnished by the Sanitary Inspector. It only remains for me to note that the butchers in this town have entered into the spirit of the new Meat Regulations, and are carrying them out quite satisfactorily. Relations between the butchers and the officials are very cordial.

The public slaughter house is under the constant supervision of the Sanitary Inspector, and is always well kept and clean. Its keeping qualities are said by the butchers to be excellent.

(C) OTHER FOODS.

(D) No definite cases of food poisoning have arisen in this area recently, but during 1925 three members of one family were taken ill with symptoms resembling those of food poisoning. However, bacteriological analysis failed to elicit any such cause. The doctor in attendance kindly co-operated with the M.O.H.

(E) SALE OF FOOD AND DRUGS ACTS.

This is not an Authority under these Acts, though the Sanitary Inspector takes samples for the County, who institute proceedings when necessary.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.
INFECTIOUS DISEASES GENERALLY.

Table D of the report shows the exact numbers of infectious diseases notified since 1893, and gives therefore an indication of their prevalence in Brighouse.

It will be noted that in 1925 occurred the first cases of Smallpox since 1904, but that the incidence of Scarlet Fever, Diphtheria, and Enteric Fever was low. Erysipelas showed an increase, as did Non-Pulmonary Tuberculosis, though Pulmonary was less. Pneumonia also showed a decrease. I will now deal with each disease separately.

SMALLPOX.

In 1904 there were 69 cases of Smallpox, after which year no single case appeared until 1925. A full report of the outbreak was presented to the Health Committee, but for purposes of record it may be useful to summarise the facts here.

The cases were two brothers living in the same house, ages 23 and 16. The illness of the elder commenced October 18th, and spots were seen on the 22nd; that of the younger started October 23rd, and spots on the 25th. From 17th to 22nd August a constant visitor and neighbour, W.P., stayed in a house in Sheffield, wherein was a child with "chickenpox." Smallpox was in Sheffield at the time. W.P. became ill with headache September 6th or 7th, and spots developed on the 9th. She was diagnosed chickenpox, but examination revealed scars of a previous attack of varicella and recent scars of smallpox. A sister of the cases showed scars suspicious of smallpox, and had had spots previous to their illness. Vaccination twice performed was not effective upon her. W.P. had obviously infected her first.

These four persons were all unvaccinated.

The cases were removed to hospital within a few hours, though the hospital had not been used for about 18 years. The bedding of the cases was destroyed, and disinfection of all clothing of cases, W.P., and contacts was thoroughly performed.

Thirty-four vaccinations were performed by the Medical Officer of Health, in addition to those carried out by others.

All contacts were kept under supervision for the requisite period, school children being excluded from school. No further cases developed. An inspector from the Ministry of Health visited Brighouse to investigate, and advised that chickenpox should be made a notifiable disease for six months. This was done. In view of the exceedingly bad vaccine state of the population of Brighouse, the fact that no more cases of smallpox developed is very remarkable. Of course the older residents remember the serious epidemic of twenty years ago, and these assisted in persuading others to accept the immunity offered by vaccination.

Indeed, I may say that very little difficulty was experienced in persuading parents to accept vaccination, and there were no refusals. But infantile vaccination is neglected, as the figures given in the School Medical Officer's Report show. It certainly would appear better to be prepared by previous vaccination rather than be obliged to seek this protection hurriedly in face of the disease itself. But prejudice here is very great, and will scarcely be shaken.

SCARLET FEVER.

The table shows that there have been severe epidemics of this disease at intervals of varying numbers of years since 1893. The last of these was in 1921, and since then the numbers have fallen year by year, which would appear to indicate that another big epidemic need not be anticipated for the present. But I must call attention to the fact that the year 1908, with 25 cases, was immediately followed by 1909 with 124, so that a gradual increase leading up to an epidemic need not always be anticipated. Especially is this the case in a town such as Brighouse, surrounded by thickly populated cities from which spread of infection is easy.

Of late years, as is the case generally in the country, scarlet fever cases have become very much milder. But mixed up with these cases a severe one frequently occurs, apparently infected by a mild case. So that scarlet fever certainly does not breed true, though smallpox may do. But on the whole the cases cause little trouble except in diagnosis, and this is extremely difficult at times, occasioning, I feel sure, several missed cases due to parents not troubling to consult a doctor. The rash is often very transient, and may escape notice. In fact, during the year three cases were not diagnosed as scarlet fever until desquamation commenced.

DIPHTHERIA.

This is a disease which as a rule causes very little trouble in Brighouse as regards the number of cases. Since 1916 the numbers have become smaller each year, and two cases only were reported in 1925. But in respect of diagnosis for this same reason the disease causes considerable trouble, for doctors are not so much on the lookout for it, owing to its comparative rarity. At times this is responsible for late diagnoses with disastrous results, for if antitoxin is not administered within the first three or at most four days, though it may even then check the throat infection, the heart gives out owing to the grip the disease has obtained upon it.

The motto is undoubtedly : " If in doubt give antitoxin without awaiting the swab report." As antitoxin is now supplied by the Health Department in ampoules containing 8000 units only, this dose will probably be successful in checking the disease if given at once. Then later a larger dose can be given when the diagnosis is established. All bacteriological examinations are carried out at the County Laboratory. Positive swab reports are at once telephoned to the doctor, and M.O.H. notified. Administrative measures, as in scarlet, consist in exclusion of school contacts for the requisite period, and in diphtheria those with suspicious throat conditions are swabbed.

ENTERIC.

I am glad to say that this disease is the rarest of the common epidemic notifiable diseases to occur in Brighouse, as the table shows. During the past three years the few cases have all been isolated ones, having no apparent connection with each other. Bacteriologically, paratyphoid B seems the commonest causative organism, but a case of pure B typhosus infection at times occurs. So far as could be ascertained shell fish were responsible for conveying the infection.

Hospital isolation is provided for these cases, and as the table shows, nothing resembling an epidemic has been seen for many years. The one case during 1925 unfortunately died, being in a prematurely aged man of almost 60.

ERYSIPelas.

This disease occasions no comment, affecting but few and not proving fatal as a rule. The cases are treated either at their homes by private practitioners or in a general hospital.

TUBERCULOSIS.

The incidence of the pulmonary form of this disease will be seen to have diminished in recent years. Deaths for the last five years are on an average 20 per year from the lung condition, and 6 per annum from affection of other parts of the body. So that despite the well-known increased susceptibility of stone workers to contract silicosis, followed by pulmonary tuberculosis, and the fact that stone quarrying is one of the staple occupations of Brighouse, I do not consider either the incidence of, or mortality from, this affection can be said to be high.

Moreover, only a small proportion of cases are found to be men employed in stone quarrying, occupations of notified cases being very

varied and not incriminating one employment above another to any appreciable degree. Housing and overcrowding have most certainly played an important part in the spread of this disease from one member of a family to another. For this reason special requests are made to have cases removed to sanatorium as soon as possible who are found to be living in overcrowded houses. But even so, their return to the same conditions is all too rapid, and case after case gets notified from the same family. To my mind, two things are necessary to stamp out this disease. One is the provision of sufficient houses at a reasonable rent, and the other is efficient isolation of the patients for as long as they are infectious. This last is not at all easy, for it involves after-care and, as usual, the expenditure of money. For the breadwinner cannot afford to stay in a sanatorium and allow his family to starve. The problem might be met by the establishment of more colonies on the lines of Papworth, but it is very difficult, if not utterly impossible, to make these self-supporting. A sick man cannot produce sufficient output to give him a living wage, and he has to be subsidised. Moreover, a man skilled in some trade which is totally unsuitable for a consumptive will not find it easy to learn a more suitable trade and earn his living at it. But the problem must be faced if pulmonary tuberculosis is to be stamped out as it can certainly be. No cases died who had not been notified.

With regard to non-pulmonary tuberculosis, science tells us that some 50% of these cases are due to milk-borne infection—at any rate in some forms, e.g., lupus. I have already dealt with the steps taken to deal with the milk infection, and hope that these will soon have the effect of limiting this method of spread of the disease. I say "limiting" advisedly, for until thorough veterinary inspection of all dairy cattle is carried out at frequent intervals in the County area, as it already is in the Borough area, tubercular milk may still come into the town unchecked from farms outside the Borough boundary. Sampling of milk for tubercle is carried out in cases where the milk supply has been suspected owing to the occurrence of a case. But regular and frequent samples are required, and then six weeks must elapse before a positive report can be received, during which time tubercular milk is being drunk. The County Laboratory cannot do more than a certain amount of work each 24 hours, and also the number of guinea pigs is very limited, so that frequent sampling of milk for tubercular infection cannot be carried out. On each occasion that a request is made, a special reason for such sampling must be given, probably owing to pressure of work. In any case, veterinary inspection is far the most important, for by this means suspicious cows can be

selected and the tuberculin test carried out, while they can be isolated pending confirmation of diagnosis. This is infinitely more useful than indiscriminate milk sampling, though the latter is also very helpful and the only alternative to the ideal of frequent veterinary inspection of all dairy cattle in every area.

PNEUMONIA.

Thirteen cases of this disease were notified. Of these 4 died. But 12 others died who had not been notified. Probably the explanation I put forward last year for the non-notification of this disease is the accurate one. But of course it makes the statistics of occurrence absolutely worthless, so that it is useless for me to quote them. They can be seen in the table.

NOTIFIABLE DISEASES.

Disease.	Total Cases Notified.	Admitted to Hospital.	Deaths.
Smallpox	2	2	—
Scarlet Fever	62	62	1
Diphtheria	2	2	—
Erysipelas	11	—	1
Pneumonia	13	—	4
Tuberculosis—Lungs ..	22	14	7
Other ..	17	—	6
Chickenpox	3	—	—
Enteric Fever	1	1	1
Continued Fever	1	—	—
Ophthalmia Neonatorum ..	1	—	—
 Totals	135	81	20

TABLE A.—MONTHLY NOTIFICATION OF INFECTIOUS DISEASES.

Month.	Scarlet Fever	Tuberculosis	Lungs	Other	Pneumonia	Erysipelas	Chicken Pox.	Diphtheria	Smallpox.	Enteric Fever.	Continued Fever.	Ophthalmia Neonatorum	Totals.
January ..	5	2	1	2	1	1	—	—	—	—	—	—	11
February ..	2	2	2	3	3	1	—	—	—	—	—	1	11
March ..	3	1	3	2	—	—	—	1	—	—	1	—	11
April ..	4	1	3	1	—	—	—	—	—	—	—	—	9
May ..	5	2	1	1	1	—	—	—	—	—	—	—	10
June ..	—	1	2	—	1	—	—	—	—	—	—	—	5
July ..	4	4	1	1	—	—	—	1	—	—	—	—	11
August ..	3	1	1	—	—	—	—	—	—	—	—	—	5
September ..	3	1	1	—	—	—	—	—	—	—	1	—	7
October ..	16	1	—	2	—	—	—	—	—	—	2	—	22
November ..	12	2	1	—	—	—	—	—	—	—	—	—	17
December ..	5	4	1	1	—	2	3	—	—	—	—	—	16
	62	22	17	13	11	—	3	—	2	2	1	1	135

TABLE B.—DISEASES NOTIFIED DURING THE YEAR, DIVIDED INTO AGE GROUPS.
DEATHS IN BRACKETS.

AGE GROUPS.	Under 1.	1 and under 2.	2 and under 3.	3 and under 4.	4 and under 5.	5 and under 10.	10 and under 15.	15 and under 20.	20 and under 35.	35 and under 45.	45 and under 65.	65 and up-wards.	Total Cases.
Scarlet Fever	—	1	1	3	7	34 (1)	11	2	3	—	—	62 (1)
Diphtheria	—	—	—	—	—	—	1	1	—	—	—	2
Enteric Fever	—	—	—	—	—	—	—	—	—	1 (1)	—	1 (1)
Erysipelas	—	—	—	—	—	—	1	1	—	2	3 (1)	11 (1)
Smallpox	—	—	—	—	—	—	—	—	1	1	—	2
Ophthalmia Neonatorum	1	—	—	—	—	—	—	—	—	—	—	1
Continued Fever	—	—	—	—	—	—	—	—	—	—	1	—
Tuberculosis—Lungs Other	..	—	—	—	—	—	1 (1)	—	—	1	2 (1)	7 (2)	22(12)
	2 (2)	—	—	—	—	—	3 (1)	—	2	2 (1)	2 (1)	1 (1)	17 (7)

TABLE C.—INCIDENCE OF INFECTIOUS DISEASE WITH RELATION TO
OVERCROWDING.

	Less than 1 person per room.	1 and less than 2 persons per room.	2 and less than 3 persons per room.	3 and less than 4 persons per room.	Total Cases.
SCARLET FEVER					
(a) Removed to Hospital	8	45	8	1	62
DIPHTHERIA					
(a) Removed to Hospital	—	1	1	—	2
ENTERIC FEVER					
(a) Removed to Hospital	1	—	—	—	1
CONTINUED FEVER					
(a) Remaining at Home	—	1	—	—	1
TUBERCULOSIS—LUNGS					
(a) Removed to Sanatorium	2	3	2	—	7
(b) Remaining at Home	5	4	4	2	15—22
TUBERCULOSIS—OTHER					
(b) Remaining at Home	6	7	1	3	17

TABLE D.—INFECTIOUS DISEASES NOTIFIED.

Year	Small-Pox.	Scarlet Fever	Diph-theria	Ent'c Fever	Erysipelas	Tuberculosis			Pneu-monia
						Lungs	Other	Total	
1893	19	152	3	9	21				
1894	—	31	8	31	10				
1895	—	40	7	25	16				
1896	—	46	5	30	24				
1897	—	66	6	21	36				
1898	—	86	5	22	33				
1899	—	195	11	17	20				
1900	—	95	17	16	16				
1901	—	34	44	6	14				
1902	12	51	20	8	12				
1903	13	48	3	3	3				
1904	69	39	6	4	5				
1905	—	57	10	16	13				
1906	—	68	12	9	15				
1907	—	23	37	8	7				
1908	—	25	24	6	8				
1909	—	124	19	7	7				
1910	—	45	12	3	6				
1911	—	22	9	5	7				
1912	—	56	6	1	7				
1913	—	122	6	1	7	62	11	73	
1914	—	203	24	3	14	42	12	54	
1915	—	60	99	2	16	35	17	52	
1916	—	20	36	3	5	24	8	32	
1917	—	13	15	1	3	57	16	73	
1918	—	22	14	—	4	71	8	79	
1919	—	39	11	3	7	40	11	51	
1920	—	27	13	—	13	27	8	35	14
1921	—	151	13	—	3	21	6	27	7
1922	—	72	8	1	18	17	8	25	14
1923	—	71	6	1	5	15	9	24	9
1924	—	65	6	3	3	26	11	37	20
1925	2	62	2	1	11	22	17	39	13

TABLE E.—TUBERCULOSIS (All Cases known).

		NEW CASES.				DEATHS.					
		Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.			
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	..	..	..	2	..	..	..	..	..	2	..
1 and under 5	5	..	..	1	..	..	..	..	..	1	..
5	10	..	..	..	..	3	..	..	..	..	1
"	15	..	..	..	..	1	..	..	..	..	..
10	..	1	..	3	..	..	..	..	..	..	..
15	..	2	..	1	..	..	..	..	..	..	..
20	..	25	..	2	..	..	..	..	..	..	..
25	..	35	..	3	..	..	..	..	..	..	..
35	..	45	..	2	..	..	..	..	..	..	..
45	..	55	..	5	..	1	..	..	..	..	..
55	..	65	..	1	..	1	..	..	..	..	..
65 and upwards	..	..	..	..	..	..	..	..	..	..	1
Totals	..	14	8	9	8	3	4	3	4	2	..

NON-NOTIFIABLE INFECTIOUS DISEASES.

In so far as regards school children very complete information is furnished weekly by the School Attendance Officer to me in my dual capacity of the occurrence of non-notifiable infectious diseases. By this means each school can be observed and districts noted. Contacts are regularly excluded in accordance with the detailed instructions issued by the Board of Education, and the cases themselves excluded from school in like manner. This is all dealt with in detail in my report as School Medical Officer. In this is noted the severe epidemic of measles which attacked the town during the summer months of last year. Of school children alone there were 630 cases, and five children died. In addition a young adult succumbed to the haemorrhagic form of the disease. Whooping cough affected 94 school children, and proved fatal in one baby. Unfortunately there is no home nursing available for these cases, the District Nurse, of course, not being able to tackle infectious disease in addition to ordinary non-infectious cases.

Influenza was not so prevalent during 1925 as it had been the previous year, and only caused 10 deaths in place of the 23 of 1924. No special measures were indicated to deal with the disease.

CLEANSING AND DISINFECTION.

Verminous persons, should any desire it, can be cleansed at the Corporation Cottage Baths. Of course under the new Public Health Act they can be forcibly cleansed also. But so far no cases have been dealt with, either under the old or new Acts.

Disinfection of houses after infectious disease is carried out by an official of the Health Department, and bedding and clothing is steam disinfected at the Isolation Hospital. A special van is sent from the hospital to collect it, and afterwards it is returned. Application to the Health Office ensures this being done.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken in respect of these regulations, as no necessity arose during the year.

MATERNITY AND CHILD WELFARE.

A Health Visitor is specially employed to deal with this work. She visits every house ten days after the birth of a child if the notification has been received under the Notification of Births Act. In

most cases of course this is done, but cases still arise from time to time where the first intimation of a birth is obtained from the weekly registration return, perhaps six weeks later. In addition, the Health Visitor calls upon houses where there are children under five years of age. Her work during 1925 is shown in the subjoined table.

Total number of birth notifications during the year ..	277
Cases attended by doctors	147
Cases attended by midwives only	130
No notification was received for 11 doctors' cases.	
Number of Stillbirths during the year	9
Visits to Homes :—	
Primary Birth Visits	274
Visits to Infants under 1 year	1282
Visits to Children 1-5 years	2306

As will be noted, the Health Visitor keeps the infants and toddlers under a considerable amount of supervision, and any case of neglect she at once brings to my notice.

Her persuasive powers succeed in making many mothers attend the Clinic, and her extremely practical and well-informed advice is most acceptable in the homes. She reports to me daily, and by this means keeps me informed as to any infectious diseases among young children and home conditions of parents. In addition she endeavours to instil the importance of ante-natal care into expectant mothers with whom she may come into contact.

The Child Welfare Clinic has not been quite so well attended as last year, the reason probably being that there were far more mothers working in the mills. The figures are as follows :—

Attendee of Mothers with Babies	1970
Attendee of Mothers alone	65
New Entrants during the year	137
Number of Infants attending the Centre	225

Another reason for the fall in attendee is the fact that new Centres have been opened in neighbouring districts, so that mothers from these places who used to come to Brighouse can now attend a Centre of their own.

As before, a course of Lectures in Infant Care was delivered, and, I think, taken to heart by some at any rate.

Additional attractions to attend the Clinic regularly are afforded by the treats given, one in the summer, when a charabanc party is arranged and conveyed to some local amusement park, and the other in the winter, when a Christmas party is given. The Health Visitor collects the money for these parties from kind subscribers, and the entertainments are very much appreciated by both mothers and children. At Christmas, talented artistes very kindly help to give an enjoyable concert, and a good tea is provided. In these ways we strive to increase the popularity of the Clinic, for tickets are only given to regular attenders.

Ante-natal work remains difficult of attainment, and the neglect of ante-natal care is only too well emphasised by the fact that of the 24 deaths of children under 12 months old, 11 took place under one month. In addition there were 9 stillbirths, certainly a very much better figure than the 19 of the previous year, but still one would prefer these absent entirely. Of these two mothers were in a pre-eclamptic condition, two were anæmic, one was a twin birth and caused the death of the mother, one was premature ? V.D., another was due to transverse presentation, another was a prolonged labour, also causing the death of the mother, and the last was at 7 months, the mother suffering from influenza at the time.

Some of these, probably all, might have benefitted from ante-natal care, and the stillbirth even prevented. It has occurred to me recently that possibly a lady doctor might be more acceptable to expectant mothers, as they do seem shy and diffident. I have proposed this to the Health Committee recently, and the subject is under discussion.

BREAST FEEDING.

Owing again to increased mill work for mothers the number of breast-fed children has fallen. Of the 287 births in Brighouse, 97 babies were artificially fed; 6 mothers were definitely too ill to breast feed; 32 babies were artificially fed from birth (2 mothers died at child-birth); 18 were breast fed for 1 month, 10 for 2 months, 15 for 3 months, and 20 for 4 months. The remaining 7 births took place to Brighouse residents in other districts, and particulars as to feeding the babies could not be obtained.

Whether this increase of artificial feeding is responsible for the increased infantile mortality I should not like to say, but it is certainly a curious coincidence.

SUPPLY OF FOOD AND MILK.

At the Clinic a brand of dried milk is supplied to mothers who are unable to feed their babies, or for older children, at cost price. If the circumstances of the case warrant, this milk is given free.

In addition, a malt preparation called Roboleine is also supplied under the same conditions at the Clinic. This is very palatable, and contains all three vitamines in easily assimilable form. It appears to benefit the toddlers who receive it.

For those mothers who have difficulty in breast feeding owing to insufficient quantity, Lactagol is kept in small quantities and disposed of to those who require it. In the majority of cases it really seems to stimulate milk secretion markedly, and has enabled several mothers to persist with breast feeding who were very doubtful if they could continue.

In certain cases where the home conditions are very poor and family income very insufficient a mother is instructed to obtain a pint of milk per day from her own milkman, and the cost is defrayed by the Health Department. This has proved a boon in many cases where there are large families of little ones, or where a mother is endeavouring to breast feed and receiving insufficient food herself. Generally three months is an adequate period, for by then means may have improved ; of course, a longer time is allowed if necessary.

In every case where food of any sort is supplied at the Clinic it is on my instructions, and the babies have to be brought regularly for inspection. By this means the idea that the Clinic is a cheap shop is avoided.

CO-OPERATION WITH SCHOOL MEDICAL SERVICE.

As the Medical Officer of the Clinic is also School Medical Officer, absolute continuity of observation of children is thus assured. Moreover, the report cards of the Health Visitor are sent on to the schools, and are submitted at the first routine medical inspection which the child receives at school. This is useful for checking dates of infectious diseases, as well as for the other information which is imparted.

VOLUNTARY ASSISTANCE.

Certain ladies very kindly attend regularly at the Child Welfare Clinic, and give very valuable assistance in keeping the books, as well as making tea for the mothers. One of these ladies is also a member of the Child Welfare Sub-Committee, so that she is able to help very materially at the meetings of that Committee by her first-hand knowledge of the Clinic. She is a very regular attendant, and several of the mothers have benefitted by her generosity when she sees real need. I must take this opportunity of expressing my very sincere gratitude to these ladies for their kind help.

INCIDENCE OF INFECTIOUS DISEASES.

Puerperal Fever fortunately has been of low incidence in Brighouse according to notifications received. Only one case, and that in 1923, was notified during the five years 1921-5. The hospital arrangements have been already referred to.

Ophthalmia Neonatorum is also not often notified. One case was reported in 1925, one in 1924, two in 1923, none in 1922, and two in 1921. The child affected in 1925 recovered satisfactorily ; those occurring in other years have been previously dealt with.

Measles was epidemic among school children, and affected 17 infants under one year and 293 children aged 1-5 years. It was fatal in six of these cases, being complicated by pneumonia. The Health Visitor did all she could in visiting affected homes and giving advice.

Whooping Cough affected 9 infants under 1 year and 77 children of from 1 to 5 years of age. It was fatal to one child of between 1 and 2 years old, in this case also pneumonia proving the final infection.

It is very difficult to see how hospitalisation would assist in these cases, except to provide adequate care and nursing. It certainly could not affect the spread of the disease to any marked extent, as the children are most infectious in measles before a diagnosis has been arrived at, and, to a great degree, in whooping cough also. In any case, hospital provision would be a very costly undertaking, not lightly to be faced, especially as its benefits would be so limited. Of course there is no question that efficient nursing and care would save lives or shorten the illness. But to my mind that could be met much better by the provision of special nurses. In some districts this is done, and the nurses do extremely good work. The difficulty here is the unear-

tainty of the number of cases. For instance, in 1924 there were only 4 cases of measles among the whole school population during the year, whereas in 1925 there were 630. This difficulty is solved in certain towns by the Corporation entering into an agreement with the local District Nurses Association to provide nurses when required in consideration of a certain sum annually. I should hesitate to recommend this for Brighouse on the ground of expense, also I know of no local Nurses Association with whom arrangements could be made. Still it is a suggestion worthy of thought.

Epidemic Diarrhœa has not been present in this district.

An occasional baby is certified as having died from Enteritis, but the number is insignificant I am glad to say.

Poliomyelitis is very rarely notified, none being reported in 1925, only one in 1924, none in 1923, 22 or 21. Also its results are very rarely met with in school children, so that the disease is truly uncommon in this district.

**REPORT OF THE BOROUGH SANITARY INSPECTOR AND
CLEANSING SUPERINTENDENT FOR THE YEAR 1925.**

MUNICIPAL OFFICES,

BRIGHOUSE,

APRIL, 1926.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
BOROUGH OF BRIGHOUSE.

GENTLEMEN,

I have pleasure in presenting for your consideration my First Annual Report as Borough Sanitary Inspector and Cleansing Superintendent.

The work of the office very appreciably increased during the year under review. The administration of the Public Health (Meat) Regulations, 1924, the Public Health Act, 1925, Milk and Dairies Act, Housing Act, 1925, the Tuberculosis Order of 1925, and the Canal Boats Amendment Regulations, 1925, being permanently added during the year.

The Report is arranged on the lines of previous years, and the Sanitary section covers the year ending 31st December, 1925, whilst the Cleansing section covers the year ending 31st March, 1926.

The progress of the Conversion Scheme during the year has been slightly accelerated, and the substitution of ashpits by portable sanitary dustbins has been well maintained. The sanitary conditions of the houses affected by this change in refuse receptacles are improved, and the regular weekly collection of house refuse in portable sanitary dustbins is far preferable to the monthly emptying of ashpits, which are harbingers for mice and other vermin, and in summer time the

favourite breeding place of the notorious food contaminator—the common house fly.

The outbreaks of Smallpox in the Borough and the adjoining districts in the latter part of the year added very materially to the work of the Department.

Important developments in the Cleansing section occurred during the year, and two Inquiries were held by an Inspector of the Ministry of Health for sanction to loans for the purchase of land for Refuse Disposal Scheme and for the housing of the complete Refuse Disposal Plant. It is pleasing to record that both loans were sanctioned, and the contracts were let, and a commencement was made on the erection of the same in December.

The tabulated statistics included in the Report will illustrate to some degree the large and varied amount of work that one has to cope with, and the amount of thought and time that one has to give to the work.

In conclusion, I desire to express my thanks to the Chairman and Members of the Health Committee for the kindness and courtesy accorded me, and also for the consideration given to matters which are referred to them.

I am, Gentlemen,

Your obedient servant.

C. R. MOSS,

Borough Sanitary Inspector
and Cleansing Superintendent.

SANITARY INSPECTION OF DISTRICT.

Total Number of Inspections	3562
Common Lodging Houses	67
Cowsheds, Dairies and Milkshops	106
Canal Boats	18
Dwelling Houses—Housing Survey	161
do. Publie Health Acts	62
do. Infectious Discase	130
Drains inspected and approved	959
Factories and Workshops	138
Re-visits to Property under notice	364
Schools inspected	44
Slaughterhouses, Markets, &c.	476
Van Dwellings	8
Works in progress	762
Smallpox Contacts	266
Food Samples submitted	46
T.B. Samples submitted	8

NOTICES SERVED.

No. of Legal Notices served	5
No. of Letters and Informal Notices issued	152
No. of Notices and Letters issued re Conversions	430
Reports sent to School re Infectious Disease	93
<hr/>	
	680

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED.**INTERIOR OF HOUSES.**

Dirty Houses cleansed	5
Ventilation improved	36
Sink Wastes renewed or repaired	3
Water in cellars abated	3
Walls and Ceilings repaired	10

EXTERIOR OF HOUSES.

Defective roofs made waterproof	16
Defective eavessgutters and fallpipes repaired	6
Fallpipes disconnected from drains	38
Dampness abated	10
Smoky ehimneys repaired	5

YARDS AND OUTBUILDINGS.

Yard pavement repaired	1
Offensive accumulation removed	6
Nuisances from animals abated	2
Dirty yards cleansed	3

DRAINAGE.

Drains opened and cleansed from obstruction	46
Defective drains reconstructed	43
Glazed stoneware gullies fixed	41
New soilpipes fixed	45
Inspection chambers provided	126
Intercutting traps removed	45
Gullies removed from inside houses	3

WATER CLOSETS.

Additional Water Closets provided	50
---	----

URINALS.

Urinals provided with proper flushing apparatus	3
do. reconstructed	4
do. abolished	2
do. cleansed	1

ASHPITS AND DUSTBINS.

Offensive Ashpits abolished	89
Sanitary Dustbins provided in place of the above	251
Dilapidated Dustbins renewed	54

VARIOUS.

Smoke Nuisances dealt with	25
Miscellaneous	9

HOUSING INSPECTIONS.

161 houses during the year have been inspected under the above Acts and Regulations. The number is comparatively small, and it is impossible, in view of the large amount of other work carried out, to increase the same until the completion of the conversion scheme. The most common and perhaps most important defect found in local cottage property is the absence of proper food stores, or places suitable for making into food stores. Another fault with is overcrowding,

which, though not always remediable under the Public Health Acts, is not conducive to good citizenship.

Until such times as more houses are erected in the Borough it will be impossible to deal satisfactorily with existing conditions.

Number of Dwelling Houses inspected (under Public Health and Housing Acts)	223
Number of Dwelling Houses which were inspected and recorded under Housing (Inspection of District) Regulations, or the Housing Consolidated Regulations, 1925	161
Houses found satisfactory	91
Houses repaired—Public Health Acts	73
do. Housing Acts	8
Houses not disposed of at end of year (Public Health Acts)	15
do. do. (Housing Acts)	36

SANITARY ACCOMMODATION.

The progress of the Conversion Scheme commenced in February, 1923, has been well maintained during the year. The conversions are carried out under Section 25 of the Brighouse Corporation Act, 1907, the Council paying half the cost of converting privies and pail closets attached to dwelling houses. No contribution is made in respect of business premises.

The following table shows the progress of the scheme since the commencement :—

		1923.	1924.	1925.	Total.
Houses—					
Pails converted	.. ..	280	308	450	1038
Pails abolished	.. ..	39	60	12	111
Privies converted	.. ..	38	64	35	137
Privies abolished	.. ..	—	6	4	10
Other Buildings—					
Pails converted	.. ..	25	18	28	71
Pails abolished	.. ..	17	8	3	28
Privies converted	.. ..	19	2	10	31
Privies abolished	.. ..	—	3	—	3
		418	469	542	1429

Water Closets provided—

Conversions (Contributory)	318	372	485	1175
do. (Non-contributory)	44	20	38	102
Additional	18	44	50	112
<hr/>				
Total	380	436	573	1389

In explanation of some of the items contained in the table it may be stated where a house is furnished with two closets (a W.C. and a pail or privy) one W.C. is considered to be sufficient for the requirements of the house, and the owner is asked to abolish the second closet if it be a pail or privy, or should he prefer to convert the same he, converts it at his own cost. If the houses are provided with less than one closet for each "through" house, or one for two "back-to-back" or "single" houses, he is required to provide such additional closets as will bring him up to standard, the contribution being made only towards the cost of the existing sanitary accommodation.

The table below gives the total amount of grants made by the Corporation annually towards the costs of the Conversions, and also the Interest and Sinking Fund.

Year.	Cumulative Amount at Half Cost.	Interest and Sinking Fund.
1923	£1918 13 11	£50
1924	£2234 16 6	£151
1925	£2606 2 7	£370
	<hr/>	
	£6759 13 0	£571

Application was made to the Ministry of Health in September for a further loan of £8250 to complete the Conversion Scheme, and sanction to the same was received.

REFUSE RECEPTACLES.

At the same time as the Conversion Scheme proceeds, the abolition of the ashpits by the substitution of sanitary dustbins has also taken place.

The following table shows the numbers dealt with since 1923 :—

Year.							Number Abolished.
1923	..	..	..	..	..	..	23
1924	..	..	..	..	..	..	51
1925	..	..	..	..	..	..	89
							—
						163	—
							—

The following table shows the numbers and type of refuse receptacles in the Borough at the end of the year :—

Dustbins ..	..	..	..	..	..	..	2521
Ashpits ..	..	..	..	..	..	..	650
Privy Middens (Covered 53, Open 5) ..							58

THE TOWN'S FOOD SUPPLY.

MEAT AND FOOD INSPECTION.

The number of Slaughterhouses remains the same as last year, namely, the Public Slaughterhouse and two Private Slaughterhouses, one of which is registered and one subject to annual license. The latter has not been in use during the year.

The Public Slaughterhouse is visited twice daily when killing is in progress, and all carcases and offals are examined prior to removal. The proprietor of the Registered Slaughterhouse notifies definite slaughtering times, and is visited regularly on completion of slaughtering.

I have been interested to notice, coming new to the town, the quality of meat killed in the Borough, and it is of an unusually high standard.

More diseased animals were found during the year than in any previous year, although the aggregate amount of condemned meat is not unusually high. The explanation of this lies in the fact that it is not always necessary to condemn the whole carcase, and where the disease was localised, probably only demanded the removal of perhaps certain organs.

The whole of the diseased animals I found on enquiry had been purchased at full market value, and during life exhibited no symptoms of disease. Emaciation had never to be considered in any examination,

which proves that the meat sold was always of fairly good quality. The total amounts and particulars of meat condemned is given below.

MEAT.

(a) Tubercular Careases and parts.		lbs.	lbs.
Entire eareases and all organs of 3 cows	..	1696	
Portions of 26 careases (localised)	..	1226	
Entire eareases and all organs of 2 pigs	..	329	
One pig's head .. .. .. ..	..	12	
		—	3263

(b) Other Diseases.

Entire carcase and all organs of 1 cow (Septicæmia)	.. .. .. ..	700	
Entire carcase and all organs of 1 calf (Acute Fever)	.. .. .. ..	140	
Entire carcase and all organs of 1 pig (Jaundice)	103		
Edible Offal (Cirrhosis)	.. .. ..	794	
		—	1755

OTHER FOODSTUFFS.

(e) Fish.

Haddock .. .. .. ..	..	168	168	—
Total weight destroyed .. .. .. ..	..	..	..	5186
				—

A large proportion of the meat sold in the Borough is slaughtered outside. Whilst the Public Slaughterhouse is a very old building and in a totally unsuitable situation, it serves as an asset to the town in centralising the slaughtering.

The number of animals slaughtered at the Public Slaughterhouse during the year was as follows :—

Beasts .. .. .. ..	..	779	
Sheep .. .. .. ..	..	1774	
Calves .. .. .. ..	..	96	
Pigs .. .. .. ..	..	1011	
Total .. .. .. ..	..	3650	
		—	

FINANCIAL STATEMENT.

				£ s. d.
To Wages	..	..	..	136 15 10
Gas, Water and Coke	..	..	..	42 10 10
Rent, Rates, Insurance	..	..	..	66 17 8
Tools, Repairs	..	..	..	28 10 5
				<hr/>
				274 14 9
By Tolls	..	..	..	233 3 4
				<hr/>
Net Cost	..	..	..	£42 11 5
				<hr/>

1925.

Slaughterhouses.	1920.	January.	December.
Public	1	1	1
Registered	1	1	1
Licensed	1	1	1
<hr/>			
Total	3	3	3

PUBLIC HEALTH MEAT REGULATIONS, 1924.

These Regulations came into force on the 1st April, 1924, and I was appointed your officer to administer the same. Immediately upon taking up my duties I arranged a meeting with the Butchers, and the Regulations were discussed at length. There is a general tendency on the part of the Butchers in the Borough to deliver to the public meat prepared and kept under clean and sanitary conditions.

The Stallholders in the Borough Market enclosed their stalls on three sides, and exhibited their names and addresses on the stalls, but I am strongly of the opinion we have long since passed the time when meat should be exposed for sale in open markets.

I have endeavoured as far as possible to examine every carcase killed and dressed in the Borough. This has entailed a considerable amount of time.

It has been necessary to issue cautions on several occasions for infringements of the Regulations, but taken generally I have found

an honest desire on the part of the Butchers to comply with that portion of the Regulations relating to shops, stores, etc.

OFFENSIVE TRADES.

The offensive trades carried on in the Borough remain the same :—

Tripe Boilers	..	..	..	..	..	3
Soap Boilers	..	..	..	..	..	3
Gut Scrapers	..	..	..	..	..	2

These premises have been periodically visited, but unfortunately there are no Byelaws in force in the Borough relating to the same.

Application was made to the Ministry of Health during the year to adopt Section 51 of the Public Health Acts Amendment Act, 1907, relative to offensive trades, and it is proposed to draft Byelaws during the present year.

FOOD AND DRUGS ACTS.

The work under the above Acts is shared by the Food and Drugs Inspector of the County Council and myself. The County Council bear the expense of the sampling, and also provide legal assistance.

Forty-six samples were submitted by me to the Public Analyst during the year, comprising :—

Milk (Formal)	..	..	..	..	..	28
Milk (Informal)	..	..	..	..	..	9
Coffee	..	..	..	..	..	3
Butter	..	..	..	..	..	2
Margarine	..	..	..	..	..	3
Pepper	..	..	..	..	..	1
						—
						46
						—

Of the 37 samples of milk, 33 were reported as genuine, whilst three were reported as being deprived of a portion of its natural fat.

AVERAGE COMPOSITION OF SAMPLES OF MILK.

		Total Solids.	Solids not Fat.	Milk Fat.
Board of Agricultural Standard	..	11.5	8.55	3.0
Average of Genuine Samples	..	13.17	9.05	3.76
Adulterated Sample—1	..	—	9.20	2.72
do.	2	..	—	8.90
do.	3	..	—	9.44
				2.52

All other Foodstuffs were reported as genuine, and no legal proceedings were taken during the year.

Following the custom of the past year, Milk samples were specially examined for dirt. The amount of dirt is given in "parts per million of centrifuged fluid dirt," and the classification is that adopted by the Analyst in his report.

2 Samples contained from 6-9 parts per million. (Clean).

5	„	„	10-16	„	(Reasonably clean).
2	„	„	20	„	(Moderately clean).
1	„	„	30	„	(Only just passably clean).

BACTERIOLOGICAL AND BIOLOGICAL EXAMINATION OF MILK SAMPLES.

A new departure during the year has been the taking of samples of Milk for bacteriological and biological examination for B. Tuberculosis. This has been of great advantage to your Veterinary Inspector in his diagnosis of any suspected dairy cattle in the Borough, and has been made use of with great advantage in connection with the Tuberculosis Order of 1925.

Eight samples of milk were taken by me, and were examined both bacteriologically and biologically at the County Laboratory. Six samples were satisfactory, and two were found to be Tubercular. Particulars of the Tubercular samples are dealt with under the Tuberculosis Order of 1925, on page 60.

DAIRIES, COWSHEDS AND MILKSHOPS.

COWSHEDS.

There are 22 cowkeepers in the Borough, occupying 45 cowsheds, with accommodation for 260 dairy cows. The majority of the cow-

sheds are well constracted, but there are a few cases where the present buildings are totally unsuitable, and where drastie action will have to be given to the same during the present year. Your Council deeided in September last to have the dairy eattle in the Borough examined four times yearly in placee of twiee yearly as before.

The eowsheds are generally kept in a clean condition, but I should like to see further improvements in this respeet. Not only do the teats and udders require to be kept serupulously clean, but it is essential that cows should be groomed regularly, owing to the dangers lurking in the dung on a bespattered cow, and it is of the highest importanee that no particlee of this dung should gain aeeess to the milk.

DAIRIES.

There are two dairies in the Borough, one being added to the Register during the year. Both premises are kept satisfaetory.

MILKSHOPS.

During the year, owing to the introduction of " Sterilised Milk in sealed containers " in the Borough, 14 shopkeepers were registered by your Council for the sale of this class of the same, and undertakings were given to sell the same in sealed containers only.

PURVEYORS OF MILK.

There are 39 retail purveyors of milk on the Register, made up as follows :—

17 who are wholesale produeers in the Borough.

5 retail purveyors resident in the Borough.

17 outsiders who retail in the Borough, of whom 5 are wholesale produeers.

TUBERCULOSIS ORDER OF 1925.

This important Order, issued by the Ministry of Agriculture, came into operation on September 1st last. It has for its main object the proteetion of the publie against tubereulosis as conveyed by milk from tubereular animals, and aims at the destruction of all dairy eows suffering from tubereulosis of the udder. The disease must take one of the forms whieh are definitely spesified in the Order, or the same is not applieable. Three seales of eompensation are laid down,

Two cases were reported under the Order, the first being that of a eow suffering from a ehronic eough and showing definite clinieal

symptoms of tuberculosi*s*, which was confirmed upon examination by your Veterinary Inspector. The beast was slaughtered, and upon post-mortem was found to be suffering from advanced tuberculosi*s*. The owner was awarded 45/-, according to scale.

The second case was discovered by means of a sample of mixed milk being submitted for bacteriological and biological examination for tuberculosi*s*, which was found to be positive. The farms from whence the supply was derived were visited by your Veterinary Inspector, and the affected beast discovered. A further sample of milk was taken from the cow, which was also found upon examination to be tubercular. The beast was slaughtered, and upon post-mortem was found to be suffering from localised tuberculosi*s* only, e.g., tuberculosis of the udder. The owner of the beast was awarded as compensation £20 5s. 0d., being three-fourths market value of the beast.

The sheds from which the tubercular animals were removed were thoroughly disinfected.

FACTORIES AND WORKSHOP ACT, 1901.

FACTORIES.

The Sanitary inspection of factories is, in the first instance, the duty of His Majesty's Inspector of Factories, but where any defect remediable under the Public Health Act is found, then the matter is referred to the Inspector of the Local Authority to deal with.

Two complaints from the Factory Inspector were received during the year, relating to absence of intervening ventilating space between water closets and workrooms, and both were immediately remedied upon the occupiers' attention being drawn to the same.

WORKSHOPS.

A new register of workshops has been compiled during the year, with the result that the number compared with previous years has been considerably reduced, due to the fact that many of the workshops on the old register have since been converted to factories, or are now not in existence.

One complaint was received from the Inspector of Factories relating to workshops, and the work upon the same has since been carried out.

The number and nature of workshops on the register at the end of the year is as follows :—

Bakehouses	18	Joiners	3
Boot Repairers & Cloggers ..	22	Blaeksmiths	3
Dressmakers & Milliners ..	14	Watch Repairers	3
Plumbers	8	Various	13
Tailors	7		—
Cabinet Makers, &c. ..	7		102
Tinsmiths	4		—

Seven sanitary defects were discovered during inspection of workshops, and have been abated.

SANITARY DEFECTS FOUND IN FACTORIES & WORKSHOPS

OUTWORKERS' PREMISES.

No lists of outworkers were received during the year.

INFECTION AND DISINFECTION

In connection with visits to cases in infectious disease, particular attention is paid to any sanitary defects that may be found to exist. Books from the Public and School Libraries are handed over to the Health Department for destruction.

The Schools in the Borough are disinfected four times yearly at holiday times.

Infected clothing and bedding is removed to the Clifton Hospital for disinfection by steam.

The outbreak of Smallpox in October caused a large addition of work to the Department. Following the removal of the patients, the house was efficiently disinfected by spraying and fumigation with

formalin gas. The walls of the house were stripped of paper and limewashed. All contacts were kept under daily observation for 16 days.

Various public premises where the patients had visited during the incubation period of the disease were efficiently disinfected immediately.

Infected houses visited	130
Houses disinfected	143
Schools disinfected	41
Visits to Smallpox contacts	266

COMMON LODGING HOUSES.

There are two Common Lodging Houses in the Borough, with accommodation for 100 and 64 persons respectively. These are subject to annual license. The premises have been visited on 67 occasions in order to enforce the provisions of the Public Health and Brighouse Corporation Acts.

One of the Houses has not been maintained in proper sanitary condition, and fortunately this changed hands during the latter month of the year, since when a considerable improvement has been effected, and it is now in a more pleasing condition. It was necessary, owing to the presence of vermin, to fumigate one house on two occasions during the year. Five sanitary defects were discovered, which were remedied upon the owners' attention being drawn to the same.

VAN DWELLINGS.

The caravans visiting the town at the Annual Brighouse Rush-bearing were inspected, and enquiries made re infectious diseases.

All van dwellers were reported to be in good health, and there is no reason to suppose that any infection has been spread in that way.

Water supply and sanitary accommodation was provided for the caravan dwellers by the Brighouse Cricket Club.

CANAL BOATS ACTS AND REGULATIONS.

Number of Boats inspected during 1925	18
do. conforming to Acts and Regulations	12
do. infringing Acts and Regulations	6

Total Number for which the cabins were registered	81 $\frac{1}{2}$
do. occupying the cabins	42

Details of occupants :—

Male adults	30
Female adults	7
Children of school age	2
Children under school age	3

Details respecting infringements :—

Absence of Certificate	2
Certificate did not identify Owner with Boat	1
Marking	1
Painting	4
Dilapidations	3
	—
	11

Six notices and four letters were sent with regard to these infringements.

The contraventions relating to one boat had not been remedied at the end of the year, as the owner gave a written undertaking that the boat would not be used again for living and sleeping purposes.

SANITARY SUPERVISION OF MUSIC HALLS, THEATRES, ETC.

Inspections of the two local Cinemas have been made during the year in accordance with the Ministry of Health's Circular issued in 1921.

The premises are kept in a very cleanly state, and no cause for complaint was found.

ATMOSPHERIC POLLUTION.

The pollution of the atmosphere by the emission of smoke—not only black, but other shades also—still proceeds, and when Manufacturers and Mill Owners realise that the emission of black smoke is bad economies, then careless firing will not be permitted by them. The amount of permissible black smoke in the Borough is fixed at three minutes in the hour, and this was rarely exceeded during the year. Much can be done by educating stokers that it can be prevented, and it is on these lines I have endeavoured to deal with this question.

The following table shows the number of observations taken during the year, together with letters served:—

Number of observations	42
Number of letters sent	9
Cautions issued	16

It is pleasing to report that one firm in the Borough have during the year dispensed with coal-fired plant and installed an oil engine.

During the year I attended on your behalf a Conference of the West Riding Authorities held at Leeds, which was presided over by a Representative of the Ministry of Health. The Smoke Nuisance was discussed at large, and a Committee was formed to decide on a uniform method of dealing with the Smoke Problem for the whole of the towns in the West Riding, but unfortunately they have not yet reported their recommendations.

PUBLIC LAVATORIES.

The Public Lavatories in Brighouse are under the administrative control of the Borough Sanitary Inspector. The premises were painted and overhauled during the year.

The receipts indicate 18,113 users, compared with 17,601 users last year.

The following is the financial statement in relation to the same:—

		£	s.	d.
To Maintenance	104	14	8	
,, Interest and Sinking Fund	79	6	10	
		<hr/>		
		184	1	6
By Receipts	75	9	5	
		<hr/>		
Net Expenditure	£108	12	1	
		<hr/>		

CLEANSING.

DRY REFUSE COLLECTION.

The particulars relating to cleansing are for the financial year ending 31st March, 1926.

Team Labour is hired under a yearly contract, whilst manual labour is employed direct.

The average yield of dry refuse for the past year was 16.21 cwts. per 1000 inhabitants per day. This is based on 318 working days, and an estimated tonnage of 5165 tons for the year. This is above the average for England and Wales, and having regard to the large amount of paper and other combustible matter collected, I am strongly of the opinion that your Council should consider some form of propaganda, in order to reduce the same.

It is very pleasing to record that your Council have decided to adopt mechanical transport when the new Disposal Works are completed. The short haulage which has been enjoyed for many years owing to convenient tips scattered throughout the Borough will no longer exist, and in order to convey house refuse from the outlying portions of the district a 30 cwt. Morris petrol vehicle with a specially designed body has been ordered.

Good progress has been maintained in the substitution of ashpits by dustbins, and it has been noticed where this change has taken place less refuse is collected than formerly.

NIGHTSOIL COLLECTION.

The progress of the Conversion Scheme has very appreciably reduced the cost of nightsoil collection. At the commencement of the scheme five vans were employed on nightsoil collection, and this number has now been reduced to two.

The effects of the Conversion Scheme are very difficult to estimate during the progress of the scheme, due to the varying prices of Team Labour.

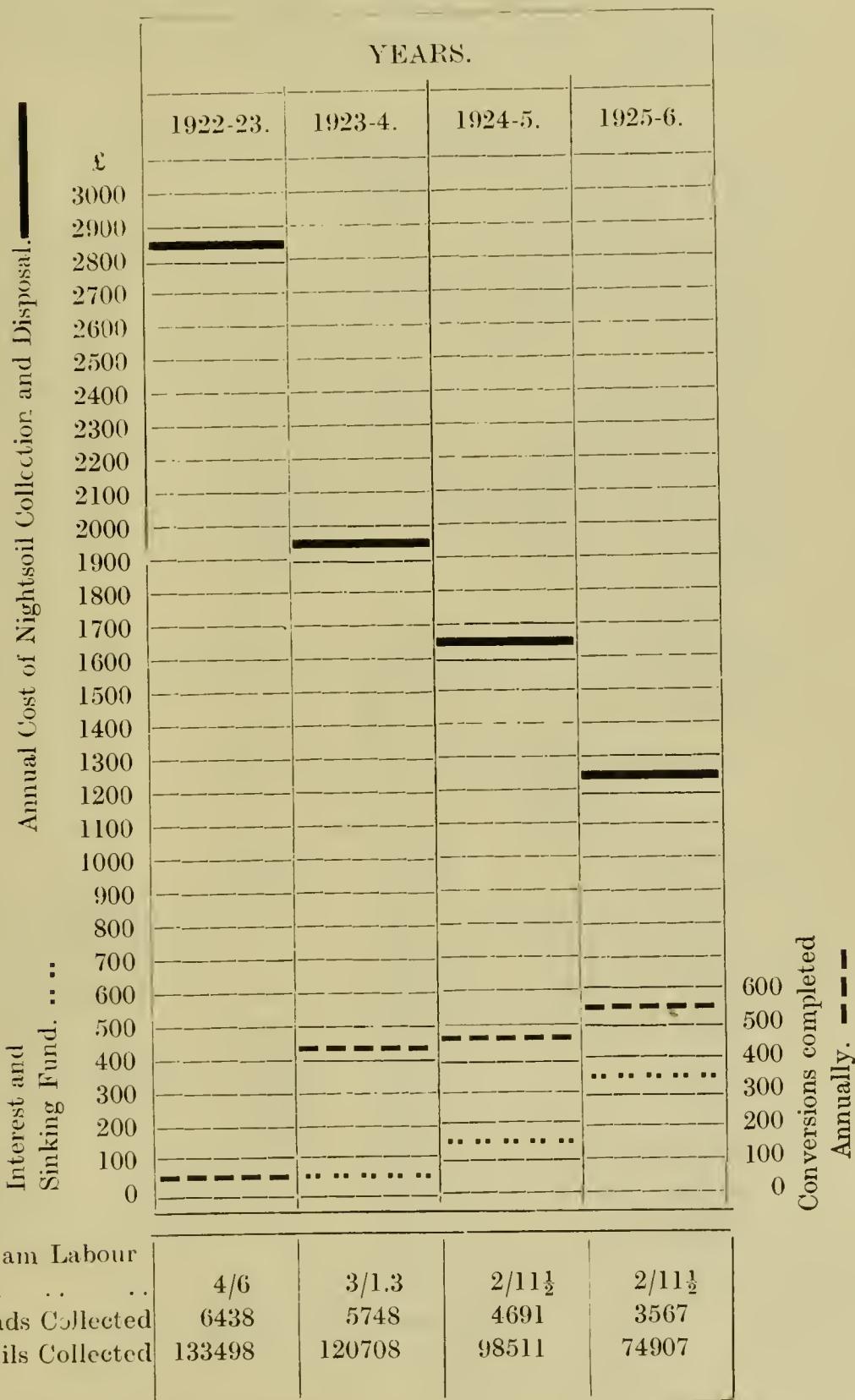
After stabilising the rates paid for Team Labour during the years, 1922-23 and 1923-24, on the same basis as paid for the last two years namely, 2/11½ per load, I estimate that after paying Sinking Funds and Interest on the Conversion Loan that the following saving has taken place :—

Year 1923-24	..	..	..	..	..	..	£359
„ 1924-25	..	..	..	..	..	..	£521
„ 1925-26	..	..	..	..	..	..	£778
Total saving effected since commencement of scheme ..							£1658

The following diagram shows the cost of nightsoil collection and disposal for the past four years, together with number of conversions completed, and the annual loan charges and sinking fund.

BRIGHOUSE CORPORATION CONVERSION SCHEME.

Diagram showing decrease in Cost of Nightsoil Collection and Disposal, Number of Conversions completed annually, and Annual Loan Charges, 1922-25.



DISPOSAL.

It is very pleasing to record that within a comparative few weeks the new Refuse Disposal Works will be in operation, and that all house refuse collected in the Borough will at last be dealt with in both a sanitary and satisfactory manner.

The new plant, which is technically known as a "Refuse Utilisation Plant," consists of a Tipping Hopper, Elevator, Rotary Screen, Dust and Cinder Hoppers, Pieking Belt, Incinerator, and Mortar Pan. The plant will be driven by a 35 H.P. Vertical Steam Engine, steam being supplied from a Locomotive Multitubular Boiler. In addition, the care of the human element has not been overlooked, a Messroom, Bathroom, and Drying Room having been erected, in addition to Weigh Office, W.C.'s, Storeroom, etc. The whole of the buildings are of simple design, and your Council are to be congratulated upon the same. The system of crude tipping is a most insanitary method of disposal, and, owing to the various tipping fees charged, has been a costly one. The amount paid annually in tipping fees will go a long way towards paying the annual capital charges on the new Disposal Works.

The accumulation of manure at the Sanitary Depot has all been removed, and arrangements have now been made (March, 1926) for all nightsoil to go direct to farms.

The places of disposal, quantities, rents, etc., are set out below:—

Place of Disposal.	Loads.		Rent.
Dry Refuse—	1925-26.	1924-25.	
Depot	79	366	£45 per annum plus £10 for water and drainage.
Hipperholme .. —		100	£5 per annum.
Hove Edge ..	273	86	
Farrers	806	1838	1/6 per load.
Taylors	3623	3404	1/- ,,
Crowtrees Lane ..	58	57	9d. ,,
Elland Edge ..	526	534	6d. ,,
Farms, &c.	121	239	Nil.
	—	—	
	5486	5624	

Pails--

Depot	..	..	1717	3122
Farms	..	..	1850	1559
			—	—
			3567	4691
			—	—
			9053	10315
			—	—

DEPOT LOADS.

The 79 loads sent to Sanitary Depot weighed an average of 18 cwts. 1 qr. per load.

PROPORTION DISPOSED OF BY EACH METHOD.

	Dry Refuse.		Nightsoil.	
	1925-26.	1924-25.	1925-26.	1924-25.
Depot	1.4%	6.51%
Tips	96.4%	89.24%
Farms	2.2%	4.25%
				Average Staff employed.
				1925-26. 1924-25.
Manual Labour	3.77% 4.12%
Team Labour02% .04%
				— —
				3.79% 4.16%
				— —

RECORD OF REFUSE COLLECTED.

	No. of times		
	1925-26.	emptied.	1924-25.
Receptacles emptied—			
Dustbins	135059	53
Ashpits	9761	13
Privy Middens	730	13
Pails	74907	53
			98511
Loads collected—			
Ashes	5486	5624
Nightsoil (Pails)	3567	4691
		—	—
		9053	10315
		—	—

AVERAGE STAFF EMPLOYED.

Dry Refuse—						1925-26.	1924-25.
Loaders ..	..	..	..	..	..	4.82	4.98
Teamers ..	..	..	..	..	..	4.76	4.76
						—	—
						9.58	9.76
						—	—
Nightsoil—							
Loaders ..	..	..	..	..	..	2.77	3.33
Teamers ..	..	..	..	..	..	2.45	3.28
						—	—
						5.22	6.61
						—	—
						14.80	16.37
						—	—

ANALYSIS OF CLEANSING COSTS.

						1924-25	
						Collection.	Disposal.
						£ s. d.	£ s. d.
Dry Refuse—						£ s. d.	£ s. d.
Per Head ..	..	1/7.66d.		5.78d.		2/1.44d.	2/4.62d.
„ 1000 Population	81 18 4	24 1	8	106 0	0 0	119 4 8	
„ House ..	..	5/7.44d.		1/7.83d.		7/3.27d.	8/8d.
„ 1000 houses or							
premises ..	281 0 0	82 12 6	363 12 6	433 6 8			
„ Load (avg. 2.69							
cu. yds.) ..	5/11.43d.	1/8.01d.	7/7.44d.	8/6.2d.			
„ Cube yard ..	2/2.25d.	7.43d.	2/9.98d.	3/2.4d.			
„ Ton at 7 ewt. per							
eu. yd. ..	6/3.98d.	1/10.32d.	8/2.2d.	9/1.8d.			
Nightsoil—							
Per Load ..	..	5/7.06d.	1/2.71d.	6/9.77d.	7/3.1d.		
„ Pail ..	..	3.19d.	0.7d.	3.89d.	4.12d.		
„ Pail per annum	13/9.8d.	3/0.4d.	16/10.2d.	18/0.8d.			

Rates of Pay—

Manual Labour ..	..	..	..	..	1/1	1/0.25d.
Team Labour (Driver and Horse)—						
Dry Refuse ..	..	..	..	..	13/9	14/0
Nightsoil ..	..	..	..	..	2/11½	2/11½

Costs in Relation to Rates—

Rates (exclusive of Poor and County Rates)	8/11 ³ ₄	8/10 ³ ₄
Cleansing Rates. Dry Ashes. Collection	3.68d.	3.96d.
Disposal ..	1.07d.	1.16d.
	—	—
	4.75d.	5.12d.
	—	—
Nightsoil. Collection	2.23d.	3.21d.
Disposal ..	0.49d.	0.61d.
	—	—
	2.72d.	3.82d.
	—	—
	7.47d.	8.94d.
	—	—

Percentage of Rates levied (exclusive of Poor and County Rate) 6.93% 8.3%

CLEANING COSTS.

	Esti- mate.	Actual Expenditure, 1925-26.			1924-25 Expenditure.		
		Dry Refuse.	Nightsoil.	Total.			
COLLECTION—		£	£	s.	d.	£	£
Wages ..	..	1130	682	8	10	392	3
Team Labour ..	..	1510	918	11	7	501	4
Carts and Vans ..	..	120	66	5	10	55	10
Pails ..	..	20	—	—	—	—	—
Disinfectants ..	..	30	—	—	—	44	1
Implements and Repairs	15	3	15	0	0	3	14
Tub Repairs ..	..	—	—	—	—	7	9
		£2825	1671	1	3	996	14
						4	4
						2667	15
						7	7
						3168	16
						1	1

DISPOSAL—

Wages ..	..	600	195	0	11	195	0	11	390	1	10	459	18	5
Team Labour ..	..	35	3	12	5	3	12	2	7	4	5	6	5	10
Tipping Fees ..	..	125	261	3	6	—	—	—	261	3	6	249	14	6
Repairs, Tools, &c.	..	40	10	15	7	10	15	7	21	11	2	19	2	8
Dustbins ..	..	—	106	5	0	—	—	—	106	5	0	101	7	3
Road to Depot ..	..	—	—	—	—	—	—	—	—	—	—	17	11	2
Rents, Rates, &c.	..	100	37	9	1	37	9	0	74	18	1	86	17	7
		£900	614	6	4	246	17	8	861	4	0	940	17	5

GROSS TOTAL—

Collection and Disposal	3725	2285	7	7	1243	12	0	3528	19	7	4109	13	6	
Receipts ..	..	50	223	0	9	28	2	9	251	3	6	153	4	11
		£3675	2062	6	10	1215	9	3	3277	16	1	3956	8	7

INCOME,

(1) Dry Refuse Collection—					£	s.	d.
Removal of Trade Refuse	..	..	..	..	38	1	5
(2) Salvage—							
Serap Tins, Iron, &c.	..	..	..	..	31	13	11
Cinders ..	..	..	..	..	..	1	9
Manure ..	..	..	..	..	..	12	2
Miscellaneous ..	..	..	..	..	..	2	6
(3) Sundries—							
Dustbins ..	..	..	..	..	..	149	10
Disinfectants ..	..	..	..	..	..	14	8
Flushing, &c. ..	..	..	..	..	..	1	12
					£	251	3
						6	

BRIGHOUSE CORPORATION CLEANSING SERVICE.
HOUSE AND TRADE REFUSE.

TABLE SHOWING COSTS FOR YEAR ENDING 31st MARCH,

		1926.								
Item.	Particulars.	Collection.			Disposal.			Total.		
(1)	(2)	(3)	(4)	(5)	£	s.	d.	£	s.	d.
	Revenue Account—									
A.	Gross Expenditure ..	1671	1	3	515	15	2	3186	16	5
B.	Gross Income ..	38	1	5	35	9	4	73	10	9
C.	Net Cost	1632	19	10	480	5	10	3113	5	8
	Unit Cost—									
D.	Gross Expend. per ton ..	6/5.64d.			1/11.06d.			8/5.6d.		
E.	Gross Income per ton ..	1.76d.			1.64d.			3.4d.		
F.	Net Cost per ton ..	6/3.98d.			1/10.32d.			8/2.2d.		
G.	Net Cost per 1000 Population ..	81	18	4	24	1	8	106	0	0
H.	Net Cost per 1000 Houses or Premises from which Refuse is collected ..	281	0	0	82	12	6	363	12	6
	Rate Poundage—									
I.	Net Cost equivalent rate in the £	3.68d.			1.07d.			4.77d.		
J.	Percentage of I. to total rates in the £	2.45%			0.71%			3.16%		
1.	Total Refuse collected in tons							5165		
2.	Population (Midsummer, 1925)							19,930		
3.	Weight per 1000 population per day in ewts. ..							16.21		
4.	No. of Houses and Premises							5811		
5.	Rateable Value							£119,927		
6.	Product of a Penny Rate							£446		
7.	Total Rates in the £							12/6		

VETERINARY INSPECTOR'S REPORT.

33 QUEEN STREET,
HUDDERSFIELD.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

GENTLEMEN,

I beg to present my third Annual Report on the cattle within the Borough of Brighouse and of a large number from outlying districts from which milk is sold within the Borough.

In the course of the last twelve months I have inspected all the cattle in the Borough six times.

I have made 154 visits to farms in the Borough, and examined 418 head of cattle, and 35 visits to farms outside the Borough from which milk is retailed in Brighouse.

On September 1st the new Tuberculosis Order came into force, whereby power was given to deal with cows showing signs of clinical Tuberculosis, and rightly so, for infection of milk is attributable mainly to cows which fall into two categories, namely :—

- (1) Those with Tubercular Mastitis.
- (2) Those with acute actively progressive Tuberculosis, accompanied by rapid loss of condition.

In addition, the emaciated tubercular cow and a very small number of cows which, though affected with tuberculosis, show no clinical manifestations of the disease, are known sometimes, but not constantly, to eliminate tubercle bacilli in the milk, thereby causing a danger of infection to the consumer.

During my inspection I have diagnosed two cases which have been verified by the tuberculin test.

- (1) Tubercular Mastitis.
- (2) Generalised Tuberculosis with emaciation.

The above cases were both destroyed and post-mortem examination made, and carcases disposed of by the Sanitary Inspector.

With the exception of the above-mentioned cases, the health of the cattle is excellent, and quality is a credit to our farmers.

I should like to say that I have to thank Dr. Belam and Mr. Moss for the sympathetic help I have received from them, for there has been nothing of greater advantage and greater assistance to me in my official work than the co-operation of my colleagues, and throughout I have endeavoured to make that my aim.

HAROLD DYSON,
M.R.C.V.S.

CONTENTS.

Adoptive Aets, Byelaws, &c.	..	..	..	..	18
Ambulance Faeilities	..	..	..	..	15
Atmospheric Pollution	..	..	..	..	64
Canal Boats, Acts and Regulations	..	..	..	..	63, 64
Child Welfare Sub-Committee	..	..	..	..	3
Cleansing—Collection	..	..	..	..	65—67
Disposal	..	..	..	..	68—70
Costs	..	..	..	..	70—73
Cleansing and Disinfection	..	..	..	..	43
Clinies and Treatment Centres	..	..	..	..	16
Common Lodging Houses	..	..	..	..	63
Closet Accommodation	..	..	..	..	23
Dairies, Cowsheds and Milkshops	..	..	..	..	59, 60
Factories and Workshops Aet, 1901	..	..	..	..	61, 62
Food Supply	..	..	..	..	55—57
Food and Drugs Aets	..	..	..	..	58, 59
General Provision of Health Services in the Area	..	..	..	..	13—15
Health Committee	..	..	..	..	3
Housing	..	..	..	..	26—30
Housing Inspection	..	..	..	..	52, 53
Infection and Disinfection	..	..	..	..	62
Inspection and Supervision of Food	..	..	..	..	30—32
Maternity and Child Welfare	..	..	..	..	43—48
Medical Officer's Report	..	..	..	..	5—48
Natural and Soeial Conditions of the Area	..	..	..	..	5
Non-Notifiable Infectious Diseases	..	..	..	..	43
Offensive Trades	..	..	..	..	58
Prevalence of, and Control over, Infectious Disease	..	..	..	..	32—42
Professional Nursing in the Home	..	..	..	..	17
Publie Health Offieers of the Local Authority	..	..	..	..	17
Publie Health (Prevention of Tuberculosis) Regulations, 1925	..	..	..	..	43
Publie Health Meat Regulations, 1924	..	..	..	..	57
Publie Lavatories	..	..	..	..	65
Sanitary Inspector's Report	..	..	..	..	49—73
Sanitary Accommodation	..	..	..	..	24, 53—55
,, Circumstances of the Area	..	..	..	..	18—23
,, Inspection of the District	..	..	..	..	26, 51, 52
,, Supervision of Music Halls, Theatres, &c.	..	..	..	..	64
Scavenging	..	..	..	..	25
Social Conditions	..	..	..	..	5
Smoke Abatement	..	..	..	..	26
Tuberculosis Order, 1925	..	..	..	..	60, 61
Van Dwellings	..	..	..	..	63
Veterinary Inspector's Report	..	..	..	..	74, 75
Vital Statistics	..	..	..	..	7—12

